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CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1956

BY THE

MEDICAL OFFICER OF HEALTH



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PUBLIC HEALTH DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, *June* 1957.

To
The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1956.

Dr. W. G. Clark.

The sudden death of Dr. W. G. Clark at the close of the year was a severe

whole country, an unusual honour for a Scottish M.O.H. In 1945 Dr. Clark was appointed Honorary Physician to the late King George VI, and in 1953 he was made Commander of the British Empire.

Great as were his professional attainments and great as were his contributions to preventive medicine and to the health of the city he served so well, it is for his fine and outstanding personal qualities that Dr. Clark will be most remembered by those who had the privilege of knowing and working with him. He was a man of great charm and personality with quite unusual powers of attracting and holding the affection of his fellows. His sound judgment of men and affairs and, above all, his sense of humour and obvious love of his fellow men made him a most delightful friend and colleague.

Prevention of Tuberculosis.

One of Dr. Clark's last duties as Medical Officer of Health was to submit to the Health Committee a comprehensive report on the tuberculosis position in the city, with his recommendations on how this important problem should be met. The years that have passed have amply justified the measures recommended by him and adopted by the Committee.

Community Health Campaigns.

Reference has been made in previous annual reports to the successful mass radiography campaigns held in the Pilton and Central Leith wards. Those campaigns, organised on a community basis, have played a very significant role in the attack against tuberculosis, but perhaps they have shown even more the importance of fostering community effort in all health and welfare matters. Health campaign committees composed of representatives of all organisations in the area were set up in both wards and were responsible for the organisation of household visitation and other activities designed to persuade people to respond. The health campaign committees in Pilton and Central Leith, on the completion of the tuberculosis campaign, have continued to operate for the welfare of the people in their wards—in Pilton as an important after-care committee and in Central Leith as the originators and administrators of a most successful lunch club with a membership of more than 100 old people in the ward.

During the autumn of 1956 a further mass radiography campaign took place when, with the deployment of four units for four weeks, it was possible to offer x-ray examination to the adult population over a much wider area than had hitherto been possible. This campaign served six wards with an adult population of 95,000 and emphasised, if further emphasis was needed, the importance of community participation. In Portobello and Liberton where enthusiastic and energetic health campaign committees were formed, 57% of adults came forward for examination, as compared with 18% in the other four wards which had depended on general publicity only. The results of the campaign are given in detail on page 106 but it is worthy of mention that 161 cases of lung tuberculosis requiring observation or treatment were brought to light and 313 persons were found with other heart or lung conditions, including 13 with cancer of the lung.

The Department of Health has offered Edinburgh 10 mass x-ray units for a period of eight weeks in February and March of next year and the Health Committee have agreed to accept this offer. Organisation of a campaign of these dimensions presents a tremendous problem and, with the example of the three previous campaigns as a guide, arrangements are already being made to obtain the co-operation of organisations in all the twenty-three wards in the city.

While M.M.R. campaigns on the lines mentioned have played and will continue to play a significant role in defeating tuberculosis they cannot, of course, take the place of the even more important though, perhaps, less spectacular day-to-day preventive measures which are recorded in other pages of this report. Particular mention should be made of the extremely valuable services of the health visitors who in their work of case-finding, advice and guidance, paid no less than 26,828 visits to houses and work-places in the city; of the B.C.G. vaccination of school-leavers and contacts; of the housing priorities for tuberculous families; and of the measures taken to educate the people in healthy living and in this way increase their resistance to infection. Finally, the control of tuberculosis requires

consultants and with general practitioners in the city. The regular meetings which are held have given opportunities for discussion on various problems and for concerted action.

Vital Statistics.

The Registrar-General's estimate of the population in Edinburgh at June 1956, on which the appropriate vital statistics are calculated, was 466,889. This is a decrease of exactly 1,000 on last year's figures and continues the downward trend which has been in evidence for some years. The present estimate is only 128 above the population at the 1951 Census.

The proportion of persons over 65 years of age is now reckoned as 12% of the population. This compares with 4.4% in 1901 and 7.7% only 25 years ago.

The change in the structure of the population is throwing an increased burden on the health and welfare services and is also shown by the fact that 68% of all deaths during the year were in the older section of the population.

The general death rate was 13 per 1,000; heart disease, malignant disease, and disease of the nervous system accounting for almost three-quarters of the deaths. Cancer of the lungs and bronchi was responsible for 249 or 4% of the 1,195 deaths from malignant disease. The great increase in this cause of death within recent years is shown in the following table:—

DEATHS FROM MALIGNANT DISEASE.

	1946.			1956.		
	Male	Female	Total	Male	Female	Total
Deaths from <i>all</i> Cancer ...	466	489	955	593	602	1195
Deaths from Cancer of						
Lung and Bronchus ...	91	23	114	213	36	249
(Percentage of total						
Cancer deaths) ...	(20)	(5)	(12)	(36)	(6)	(21)

While a number of factors are probably responsible for this increase, the statistical evidence found not only in this country but in other countries, associating heavy cigarette-smoking with cancer of the lung, is so overwhelming that it is only right that the position should be made clear to all and that, in particular, efforts should be made to dissuade young people from commencing the smoking habit.

Deaths from infectious disease numbered 40 as compared with 25 last year. More than three-quarters of these deaths were from influenza, mostly in persons of advanced years, but there were three deaths from measles, two from whooping cough and two from cerebrospinal fever in young children.

There were 7,467 births to Edinburgh citizens in 1956, of which 3,849 were males and 3,618 females. The birth rate, 16 per thousand of the population, was the highest for seven years. Illegitimate births numbering 360 or 4.8% of all live births, and stillbirths totalling 176 or 23 per 1,000 births, were very similar in number to those in past years.

There were four maternal deaths. One resulted from a severe anté-partum haemorrhage at an advanced stage of pregnancy, and another followed self-induced abortion. The other two maternal deaths were from causes influenced by pregnancy—one from a complete volvulus strangulated by the increasing size of the uterus, the other from heart failure in a woman with congenital heart disease.

The number of infants dying during the year was 179. This is the same number as last year but, with the increase in births, the infant mortality rate was 24 per 1,000 live births, which equals the record low rate of 1953. As in recent years, the majority of infant deaths took place within a few days of birth. Thus, 110 or 62% occurred within the first week and 49 or 28% during the first day of life. Prematurity, congenital anomalies and birth injury were the chief causes of infant deaths.

Home Accident Prevention.

There were 14 deaths among children under one year from accidental asphyxia (12 from inhalation of vomited matter and two from overlaying). These are figures similar to those of last year and emphasise the continuing need to warn and educate parents against these distressing happenings.

The importance of accidents as a cause of death in early life is again in evidence, when fatalities among children between one and five years are studied. Thus, of the 27 deaths in this age group, five were the result of accidents. Three of these occurred in the home—two from burns and one from strychnine poisoning—and two out-of-doors—one from drowning and the other from a street accident. It is disappointing that deaths such as these should still occur despite the wide propaganda and education which has been given over past years. There are also far too many non-fatal accidents, and the details given on page 117 of 851 domestic accidents reported to the department demonstrate not only their variety but their importance as a cause of anxiety, suffering and disability. A comprehensive survey of all types of accident has been planned by the Department of Public Health and Social Medicine, Edinburgh University, in association with the consultants at the various city hospitals, and health visitors of the Public Health Department will undertake enquiries to collect the necessary information. This survey should give a complete picture of the position in Edinburgh and, so far as home accidents are concerned, should indicate further lines of approach and serve as a basis on which to gauge the success of future preventive action.

The fireguard scheme administered by the Home Safety Committee of the Edinburgh Accident Prevention Council on behalf of the Corporation has now been in operation for six years, and at the end of last year 2,150 fireguards were on loan at the modest charge of 5s. per year to families with young children or to aged or handicapped persons. There can be no doubt that this scheme has prevented many burning injuries. It has also served as a very effective means of education in home accident prevention. There are, however, despite the continued advice and guidance of the health visitors, far too many parents who fail to take the simple precaution of providing an adequate fireguard and in this way protect their children from possible danger.

During the year, to ensure that the provision of the Heating Appliances

(Fireguards) Act 1952 were being complied with, sanitary inspectors paid visits to a number of city shops retailing heating appliances. Altogether 89 appliances were subjected to the tests laid down in regulations. Several did not comply with the required standards and on attention being drawn to their deficiencies the appliances were withdrawn from sale.

Care of Mothers and Young Children.

This is a noteworthy year in the history of maternal and child care because it marks the 50th anniversary of the meeting in London of the first National Conference on Infant Mortality in Great Britain—a conference which was to have far-reaching influence on the development of the child welfare movement in this country. The Child Welfare Medical Officer in his report gives a short historical account of this Conference and of the subsequent happenings which resulted in the passing of the Notification of Births Act, 1907. Remarkable improvements have taken place in the intervening years. The infant mortality rate, which was 115 per thousand births in 1906, is now 24 per thousand, and, perhaps even more striking, deaths amongst children between one and five years have fallen from 486 fifty years ago to 27 last year. A study of the causes of death in this latter age group is of particular interest. Thus, in 1906, 166 deaths were due to infectious disease, 104 to respiratory disease and 80 to tubercular meningitis. The comparative figures for 1956 were 4 from infectious disease, 10 from respiratory disease and none from tubercular meningitis. Accidents show a much smaller decrease from 16 deaths fifty years ago to 6 in 1956.

Information regarding maternal deaths in 1906 is less complete, only those directly associated with childbirth being available. Comparing, however, this limited group with the more complete information nowadays, the maternal mortality has fallen from considerably more than 4 per thousand births to 0.5 last year. Many factors, medical and social, have played their part in this striking change but there can be no doubt that the conscientious and devoted work of advice, guidance and supervision by the staff of the local authority maternity and child welfare services throughout the years has made a notable contribution to this saving of life.

The promotion of the health of mothers and children must remain one of the most important functions of the Health Committee, and a detailed account of this work in Edinburgh is given by the Child Welfare Medical Officer in other pages of the report. The number of child welfare centres throughout the city remained at 29, and during the year 10,027 children under five years paid 66,804 visits. These are increases, both in numbers and attendances, on last year's figures. The ante-natal clinic at Portobello was closed during the year because of continued small attendances, and there is only one ante-natal clinic now provided by the Corporation. The great majority of pregnant women visit ante-natal clinics attached to hospitals or receive care and supervision by their family doctors. While complaints have been made of long waiting at hospital centres and of difficulties experienced by pregnant women in attending from outlying areas, there is little prospect of an alteration in the present position. The report and recommendations of the Scottish Maternity Services Review Committee will be awaited with interest.

can be given on matters of importance to maternal and child hygiene. A new club was opened at Portobello, while the one at Lochend was closed down as mothercraft services are now given at the Eastern General Hospital by health visitor and hospital staffs. The Infant Feeding Centre at Portobello was again in operation during July and provided facilities for mothers and young infants spending the day on the beach. The attendances, 288, were considerably fewer than in the previous year, due to the very wet weather.

Distribution of Welfare Foods continued to be carried out at 38 centres throughout the city. There was a fall by 4% in the National Dried Milk issued, and a larger fall in the uptake of Cod Liver Oil where the amount given out was 11% lower than last year. It is possible that a welcome increase in breast-feeding was responsible for the reduction in National Dried Milk while, in the case of Cod Liver Oil, the present uncertainty regarding the association of Vitamin D and hypercalcaemia in infants was no doubt an important factor. On the other hand, it is satisfactory to report that greater advantage was taken of orange juice for children and Vitamin A and D tablets for women during and after pregnancy.

Day and Residential Nurseries.

The Health Committee continued to provide 14 day nurseries and three short-stay residential nurseries. Admission is strictly on a priority basis, the first call being for a child with one parent only or where there are medical or other reasons affecting mother or child. The day nurseries, with 660 places, had an average of 662 children on the roll during 1956, and an average daily attendance of 76%. The decrease in the number of attendances, as compared with last year, was due to the prevalence of infectious disease in the city and the temporary need for restricting admissions to South Fort Street Nursery while structural alterations were taking place. The three residential nurseries, with 60 places, provided short-stay care for 668 children, as compared with 691 last year. Even with the exercise of the greatest care, nurseries—dealing as they do with young children—are always prone to the introduction of infectious disease and, in 1956, two of the residential nurseries had to suspend admissions for considerable periods because of whooping cough.

Details are given on page 45 of an interesting survey undertaken by Dr. S. Eadie of the Eye Department of the Edinburgh Royal Infirmary of the refractive state of 434 children attending nurseries in the city. Following her examination, glasses were prescribed for 55 children found to have high refractive errors, including nine with squint.

Health Visiting.

The report of the Working Party on the field of work, training and recruitment of health visitors was published in June of this year. While no revolutionary ideas have perhaps emerged from the report, the Working Party have performed an important service in giving for the first time a clear picture of health visiting as practised at the present time in this country, and their considered views on how this important branch of the preventive service should develop in the future should serve as a stimulus to review and re-examine present methods of deployment. The report gives considerable attention to the need for improvements in training and stimulation of recruitment, and recommends, amongst other things, an extension of the training course from six to nine months and the setting-up of a new promotion grade of health visitor referred to as "the group adviser". Specialisation is discouraged and, in the view of the Working Party, the health visitor in her primary role of health educator and social adviser should act as a general-duty family visitor, her field of work to include not only the care of mothers, young children and school children, which has always been—and should remain—her major preoccupation, but also the care and after-care of infectious disease, tuberculosis, disabling illness, the aged, the physically handicapped at all ages, the supervision of mentally handicapped children, mental hygiene and the after-care of mental illness. This is undoubtedly an attractive conception and is an ideal at which to aim but there are in practice disadvantages and difficulties in instituting a general-duty health visitor service, particularly in densely populated central urban areas. Nevertheless, it should be the arrangement of choice in residential districts. Last year, the first step in this direction was taken in Edinburgh when the school and child welfare functions were combined in the same health visitor operating in the Clermiston housing area. This arrangement has proved a success and, in 1956, five additional similar combinations were commenced at Colinton, Juniper Green, Moredun, Oxbgangs and Parson's Green, and it is hoped to extend this combined service to other areas of the city. Meantime, the remaining health visitors have responsibilities in the child welfare, school health, tuberculosis and venereal diseases sections of the department.

The true value of the health visitor's influence in the promotion of health and the prevention of illness can never be measured by a mere arithmetical approach, but some indication of the volume of her work is shown by the number of visits paid throughout the year. Thus, the 59 health visitors attached to child welfare work carried out no less than 130,236 visits to give guidance, expectant mothers and

The Working Party in their report emphasise the need for co-operation between the different branches of the National Health Service, and it is pleasing to report further developments of this co-operation in Edinburgh. The association of the health visitors with children's units and hospitals in the city was extended by the arrangements made whereby they now attend from time to time the Children's Unit at the Deaconess Hospital and in this way maintain liaison between the hospital and the Public Health Department. Regular case conferences at the University General Practice Dispensaries, which are attended by the health visitors, are another instance of co-operation to mutual advantage.

Another important event during the year was the visit by Professor and Mrs. Ewing of Manchester University to give instruction to the health visitors on methods for the early ascertainment of deafness in young children. Health visitors are now able to carry out the necessary screening tests during pre-school years and in this way should play an important part in the prevention of deafness in later life.

The 28 students who commenced training last year were all successful in passing the examination for the Health Visitor Certificate. This year, 29 students were enrolled. The present course of training, which lasts only six months, makes heavy demands on the students and does not give adequate time for the practical application of the instruction given by lecturers. It is hoped that the course next year will be, as recommended by the Working Party, extended to nine months.

Home Nursing.

The Corporation's responsibility to provide a home nursing service continued to be most satisfactorily met by the agency arrangement with the Queen's Institute of District Nursing. The community has indeed reason to be proud of and grateful for the skilled and devoted services given by the Queen's Nurses to the sick in many homes in the city. A liaison committee, composed of representatives of the Institute and the Corporation, meets quarterly and keeps the service under review, matters of policy being referred to the Health Committee.

The staff engaged on home nursing during 1956 included 50 trained nurses and 39 nurses in training. This is equivalent to the whole-time services of 76 nurses and is the full establishment approved by the Health Committee. The demands on the district nursing service continue to increase year by year and not only were the numbers of patients and visits considerably more than last year's but the staff duty hours were much greater. Thus, compared with 1955, 651 more patients were attended and 8,936 visits paid, while there was an increase of 8,346 hours on duty. Morning and evening visits are paid to ill patients where necessary and nursing staff is always available to attend evening and emergency calls. The greater number of elderly patients requiring care, many in need of twice-daily attention, was a major factor in the heavier pressure on the service. The employment of male nurses has been of particular value in the home nursing of many older men. An ageing population must be expected to make heavier calls on the district nursing services. It is pleasing, therefore, to find evidence of diminishing calls in other fields. Tuberculosis is the outstanding example and the fall in the number of visits to patients is a striking indication of the changing picture of this disease. Thus, the number of visits paid by district nurses for tuberculosis in 1956 was 25,237 as compared with 49,167 and 65,586 visits in 1955 and 1954 respectively.

Domestic Help.

The Home Help Service had again a very busy year but was able to overtake the numerous calls for assistance. The authorised full-time establishment is 120 and at the end of the year 177 (54 full-time and 123 part-time) home helps were employed. The administrative work entailed in the supervision and recruitment of such a large staff is an exacting task and the efficiency and effectiveness of the service reflect great credit on the Supervisor and her assistants. The numerous spontaneous tributes and letters of appreciation received throughout the year emphasise the value of a service given often in time of great need. The increasing demands for domestic help during times of illness and, in particular, for assistance in the home care of the aged and chronic sick have been a feature of past years, and in 1956 there was a further increase in calls for help. By the end of the year, 1,357 households had received the completed service of home helps, the average period of assistance being 21 days. As in former years, while many maternity cases were helped, the most numerous calls were in connection with general illness and the elderly, while it was also found possible to give assistance to a number of households with tuberculosis patients. Experience has amply justified the arrangement for evening and week-end assistance mentioned in last year's report, and the home helps were able in this way to ensure that many elderly people living alone received care and attention which they would have otherwise lacked. The night-sitter service has also proved its value and, while demands were not frequent, the two special home helps available for this work gave relief to relatives of seriously ill patients in six households. Suggestions have been made that there are occasions when the services of a part-time home help cannot be justified but where more limited assistance would be of value. The Health Committee, therefore, agreed to engage three women to give assistance to households for three hours on one or two mornings each week. So far, few requests have been received for these limited services and there are difficulties in the administration of a scheme of this kind. The recruitment and availability of women of the right quality is not an easy matter and experience to date suggests that a more satisfactory solution is to employ home helps to give the necessary help for a few hours each day to a number of households in near proximity to each other.

Almoner.

The Almoner is an essential member of the medico-social team but the family doctor, unlike his hospital colleague, has been slow to realise the invaluable help she can give in overcoming difficulties encountered in general practice. It is satisfactory to report that in Edinburgh within recent years there is evidence of a change of attitude, and more doctors are taking advantage of the assistance available to them by the Almoner in the Public Health Department. Thus, in 1956, the number of patients referred reached the high figure of 461, an increase of 202 on the number reported last year, and it is of particular significance that general practitioners were responsible for 161 of these as compared with 89 in 1955. Of other referrals, 140 came from health visitors, 23 from district nurses, 14 from hospital almoners, 37 from outside agencies, while the remaining 86 applications were from patients themselves. This rapid and important expansion of social work is a

tribute to the Almoner's efficiency, resource and personality. Sighthill Health Centre has proved a particularly fruitful centre for medico-social work in association with general practice, but meetings at regular intervals with other practising doctors in the city have been of great value in co-ordinating work for the patients' welfare.

Domiciliary Midwifery.

There is no change to report in the arrangements for domiciliary midwifery in the city, the local health authority's duties being carried out partly under agency arrangements with the Simpson Memorial Maternity Hospital and the Queen's Institute of District Nursing. Home confinements amounted to 1,331 during the year, being 49 more than last year and representing 17.8% of the total births to Edinburgh citizens. Corporation midwives attended 880 births or 61% of all births at home ; Simpson Memorial Maternity Hospital midwives attended 226 ; and the Queen's Institute of District Nursing 173 births. Of the remaining 52 home confinements, 36 were undertaken by the staff of the Elsie Inglis Memorial Maternity Hospital, 11 by private maternity nurses, 1 by a doctor only, while in 4 cases no doctor or midwife was booked and it was not until after the birth that the midwife was called to attend.

During the year a memorandum was issued by the Standing Maternity and Midwifery Advisory Committee on ante-natal care and toxæmia of pregnancy. This memorandum, which stressed the importance of ante-natal supervision in the recognition of toxæmia, the major cause of maternal ill health, stillbirths and death in the first few weeks of life, is a further milestone in the development of modern midwifery. It emphasised the value of prompt detection of toxæmia followed by early treatment in reducing the incidence of eclampsia in pregnancy and in halving the perinatal mortality (stillbirths and deaths in the first week). In the early recognition of toxæmia the slightest deviation from normal is significant whether it be blood pressure, oedema or gain in weight and these divergencies from normal may well commence as early as the 30th week of pregnancy. The importance of frequent ante-natal examinations is the basis of the procedure in Edinburgh whereby the midwife visits each month until the 28th week, fortnightly till the 34th week and thereafter weekly. In the city too, close co-operation exists between all the domiciliary midwives and the family doctors, and after discussions with the Local Medical Committee at the end of the year on the subject, a scheme of practice was sent out to doctors and midwives advising that, soon after a patient is booked, the midwife should contact the doctor to discuss the arrangements for ante-natal care and for the confinement. The midwife asks the doctor about chest x-ray, dental care and blood examinations, all of which are important in the maintenance of the mother's health and, should the patient come into contact with German measles, an attack of which in the first few months may endanger the developing infant, protective gamma globulin can be obtained by the doctor from the health department. At the same time a number of doctors are now conducting their own ante-natal clinics with the midwife also present, and these are much appreciated by the mothers.

An advance in the analgesia provided for home confinements was the intro-

duction of an approved type of trilene apparatus for use by the midwives, all of whom attended a refresher course in its operation early in the year, after which a total of 608 mothers had the benefit of trilene.

The accommodation for the midwives and pupils at Southhouse Farmhouse will be improved and the service as a whole will benefit when the additional building approved in 1956 is completed next year.

School Health Service.

The School Health Service, which provides for approximately 63,000 children in 143 schools, continues to carry out its well-established duties and at the same time keep close watch on all matters likely to affect the welfare of the school child. This year the Chief Executive School Medical Officer gives an interesting account of the developments and changes which have taken place in the work of his department in the five years since 1951. His report will repay careful study and should be read in full. Particularly noteworthy are the new preventive measures which have been introduced to control tuberculosis by tuberculin testing and B.C.G. vaccination to 13-year old pupils, and the introduction of tuberculin testing of 5-year old children ; the extension of mothercraft instruction to nine special schools, a senior approved school and to women in Saughton Prison ; the improvements in the ascertainment of deafness ; the close co-operation with the Youth Employment Service and the appointed factory doctors ; and the arrangements which have been completed with all hospitals in the city whereby a short note on every school child discharged from hospital is sent to the School Medical Officer. This, while giving the school doctor essential information, also allows of follow-up and supervision of the child during school hours. Mention is also made of the drop in attendances at the school doctors' advisory clinics and at the minor ailment and aurist clinics. This reduction in the demand for treatment and diagnostic services is due in part to increased use of the facilities provided by the National Health Service and partly to the success of modern methods of treatment. On the other hand, no diminution has been observed in the work at oculists' clinics. In fact, the service has been extended by the appointment by the Regional Hospital Board of two dispensing opticians.

As regards the work of his department during the school session 1955-56, Dr. Boog Watson records that with the more liberal use of the mobile mass x-ray van, it was possible to offer radiography to all secondary school children, instead of, as last year, restricting this examination to school-leavers only. He also mentions that, while head infestations continue to diminish, there was evidence of an increase in ringworm, both of the scalp and body, and also a continued increase in scabies, a trend which has been observed for the past three years.

The enquiry mentioned in last year's report into the most satisfactory method of hand-washing and drying in schools was continued during the year. An experiment in the use of liquid soap containers and paper towels was conducted in a primary school. This has been so successful that its extension to other schools is now being considered. In addition, attention was given to the use of individual towels, electric hand-dryers or automatic roller towels to replace the very unhygienic common roller towels. Another aspect of the school medical service

which has been under consideration concerns the suggestion that the 9-year-old routine inspection by a medical officer is no longer necessary and that this can be replaced by inspection by the school nurse with referral to the medical officer of any child suspected of defect. Before such a revolutionary change can be contemplated, it is obvious that proof must be forthcoming that this omission will not be detrimental to the school child and it is proposed next year to conduct an experiment in which, in addition to routine medical inspection, parallel inspection by the school nurse will be made for comparison.

Dental Service

The Senior Dental Officer in his report also describes the changes which have taken place in the work under his charge since 1951. During these five years two new dental treatment centres have been opened at schools in the Pilton and Inch area and two surgeries and a dental laboratory have been established at Sighthill Health Centre. The dental staff has increased from 10 full-time and three part-time dentists to 15 full-time dental officers, and the dental attendances by school children have risen from 23,296 to 45,622. Dental fillings have also increased from 15,000 to 27,000 but the Chief Dental Officer emphasises the disturbing fact that each child now requires more treatment and the number of completed cases has not risen in proportion to the increase in the work done. Thus the under-staffed school dental service is left with the problem of having to cope with a growing incidence of dental caries in the school population, only a small fraction of which receives treatment from other sources. This is a matter for grave concern, and although the Corporation gave consideration to a number of methods of increasing the dental services to school children and stimulating recruitment, no solution has so far been found. Encouraging progress, however, has been made in the provision of orthodontic treatment by the arrangement with the Regional Hospital Board whereby an orthodontic surgeon is available for specialist advice. Another satisfactory arrangement completed recently with the Regional Hospital Board is that whereby the services of an oral surgeon are provided to deal with exceptionally complex extractions and other oral surgical procedures. Two oral hygienists are attached to the school dental service, their main functions being in the field of prevention and health education, but they are able to relieve the dentists by the undertaking of minor procedures such as gum treatment and the scaling and cleaning of teeth.

The number of mothers and young children who attended the school dentists during 1956 was smaller than last year. The actual numbers were 240 mothers and 1,020 pre-school children, as compared with 269 mothers and 1,161 pre-school children in 1955. The reductions are admittedly small, but it is disappointing that despite continued efforts it has not been possible to persuade more parents of the value of routine dental care. In fact, practically all who attended required some form of treatment and only four young children required no attention. There is, therefore, a great need, as is pointed out by the Senior Dental Officer, for further propaganda on the importance of nutrition, oral hygiene and routine inspection in the prevention of dental disease. Considerable emphasis is already given to this matter in the health education programme, but it is intended to make

even greater efforts by the use of special dental posters which have been designed in the department for the purpose and by other suitable publicity to awaken more attention and interest to this important health problem.

Health Education

Efforts to promote health and prevent illness can never be fully effective without the active co-operation and support of the community. Health education, therefore, in its widest sense must always be one of the most important aspects of the work of a public health department. Details of the activities and developments in this sphere are given by the Medical Officer for Research and Health Education in other pages of the annual report and will repay careful reading and study. Mention has already been made earlier in the Introduction of the health community campaigns which have been a significant feature of recent years but brief reference should be made to other outstanding developments in the health education field.

There was a further increase in requests from clubs, guilds and associations in the city for talks on health matters, and the number reached the high total of 299. Comparison with the position only five years ago, when the number was but 43, brings out the remarkable expansion of this work. As most meetings take place in the evenings, they make heavy demands on staff and resources, and I wish to record my deep gratitude to the members of all sections of the department who take part so willingly and at considerable inconvenience in this important work and make it possible. The nine Sunday evening meetings attracted nearly 12,000 persons, most of whom were adolescents. This year, the formal talk was replaced by the showing of coloured film slides illustrating various health topics and accompanied by an off-stage commentary. This combined visual and auditory approach was much more successful in holding the attention and interest of the younger members of the audience.

Dr. Thomson in his report gives details of one of the most significant features of the year, namely, the experiment in health education carried out in Ainslie Park School. This experiment, undertaken with the encouragement of the Director of Education and with the co-operation of the Headmaster and staff of the school, is a most promising advance and it is hoped that it will be the forerunner of further extension of health education in Edinburgh schools. Another notable event was the very successful series of health talks given at the request of the Headmaster to the Further Education day-release students at Regent Road School. The interest shown by the students was most heartening and it is a great tribute to all the members of the Public Health staff who took part to read the appreciation by Mr. McLeod, the Headmaster of the School: "The impact of the course on the students has been most impressive. I have never known of lectures arousing so much interest and discussion among the students."

In all aspects of health education work, visual aids play an essential part, and the Health Committee's decision to employ on a temporary basis a part-time artist to assist in this work has been an important development of the year. The artist's help has proved particularly invaluable, not only in the extension of health education in schools but in the production of posters, flannelgraphs, exhibits and

other publicity material for display in buses, clinics, libraries and other places. Close day-by-day teamwork of doctor and artist is needed if health propaganda is to be founded on correct medical principles and, at the same time, is to make the desired public impact, and it is hoped that the services of the artist will become a permanent feature of the department's work.

Infectious Disease

Dr. J. L. Gammie.—For many years this section of the annual report was written by Dr. J. L. Gammie, Junior Depute Medical Officer of Health, whose sudden death on 30th August, 1956, came as a rude shock to his colleagues and friends. Dr. Gammie joined the Edinburgh Public Health Department in 1932 as Senior Medical Officer and Depute Tuberculosis Officer and was appointed Junior Depute Medical Officer of Health for the city in 1937. On the outbreak of the Second World War he willingly undertook the duties of Medical Officer in charge of the Edinburgh Civil Defence Casualty Service and was an acknowledged authority in this field. He was appointed in 1946 a part-time lecturer in the Department of Public Health and Social Medicine, Edinburgh University, and also held the post of lecturer in Health Education at Moray House Training College for Teachers. As Depute Medical Officer of Health he made a particular study of environmental hygiene and infectious disease control. He was a man of outstanding gifts of mind and his wide knowledge of medicine and of affairs in general made him a clear, informative and interesting lecturer and speaker and a most agreeable and entertaining colleague and companion.

There was a very considerable increase in notifications of infectious disease, the number in 1956 being 7,386 as compared with 4,179 last year. The increase was accounted for mainly by epidemics of measles and whooping cough in the city. Thus, as compared with 1955, notifications of measles (confined to the first case under five years old in a household) rose from 999 to 2,542 and those of whooping cough from 624 to 1,731. The illness in most instances was of a mild nature but three children in the 1-5 age group died from measles and two infants under one year from whooping cough.

Another factor in the increased returns was the addition of food poisoning to the list of notifiable conditions. Food poisoning became notifiable for the first time in Scotland at the beginning of August and by the end of the year 173 cases were intimated to the department. Speed is essential for enquiries into the occurrence of food poisoning, and sincere thanks are due to many family doctors who have assisted in this work by making prompt notification by telephone. While many of the reported cases were of a sporadic nature and it was not possible to trace the source, there were three particularly interesting incidents where investigations were successful in finding the cause. One, an outbreak involving 19 patients in the city and three in surrounding counties, was traced to infection of cream cakes, in a large bakery, with *Salmonella thompson* (an unusual organism in Edinburgh). The organism had come from imported Chinese egg albumen and had been conveyed to the cakes by a contaminated container and ladle used in the baking process. Another, which gave rise to six known cases and five

symptomless carriers, was due to the same organism and was spread by milk from an infected cow. This is the first known instance of *S. thompson* food poisoning arising in this way. The third occurrence was of chemical origin and was due to the contamination of biscuits by washing soda in a grocer's shop. This incident emphasises the importance of storing all potential contaminants well away from foodstuffs.

Dysentery was again very prevalent and there were 1,024 notified cases during the year, with one death of an elderly man. Present evidence strongly suggests that dysentery is no longer so much a food- or a water-borne infection as one resulting from direct contact from person to person. Personal hygiene is therefore of particular importance in combating the disease, and much emphasis has continued to be given to this matter in the health education programme during the year. Special attention has been paid to schools, and considerable success has been achieved by "clean hands" campaigns conducted in a number of city schools where dysentery was prevalent. The measures adopted in these campaigns included routine hand-dipping in a quaternary ammonia solution by all the children after they had visited the lavatory and washed their hands in the normal way. Attention was also paid to the sanitary accommodation, and disinfection was carried out of all lavatory seats, pull-handles and doors. As has been mentioned in previous annual reports, a difficulty in dealing with dysentery contacts who are food handlers is that when they are kept from their employment they may suffer financial loss as sickness benefit is not payable during the first three days off work. This difficulty, it is understood, will be removed with amendments to the Infectious Diseases Regulations at present under consideration.

One case of typhoid fever in a visitor from abroad was notified. Normal precautions were taken with the contacts and no secondary cases occurred. There were seven cases of paratyphoid B—three in patients from outwith Edinburgh and four among Edinburgh residents. All were sporadic cases and, despite careful investigation, the source of infection was not discovered.

One case of diphtheria was notified—a woman of 56 years who developed a palatal paresis, a recognised complication of the disease. The diagnosis of diphtheria rested entirely on clinical grounds as it was not confirmed bacteriologically. The patient had never been immunised against diphtheria.

There were two instances of Weil's disease during the year. Both were in men working on farms where rats were found to be present and steps were taken to deal with the infestations.

Mention was made in last year's report of the investigation into canicola fever amongst those employed in piggeries. This investigation was completed during the year and details are given on page 140. The results of the enquiry were fully reported in the "British Medical Journal." Up to the present, it has always been considered that canicola fever was transmitted to man from contact with infected dogs, the Edinburgh investigation has proved conclusively, however, for the first time that the disease may be conveyed to humans by infected pigs.

There were 39 cases of poliomyelitis notified during the year but two patients were not Edinburgh residents. The actual city cases were therefore 37, three more than last year, and of these 14 were children of pre-school age, 13 school-children and 10 adults. The disease in 21 instances was of the non-paralytic type.

Vaccination and Immunisation

The first supplies of poliomyelitis vaccine reached the city in May, 1956. This is one of the most significant events of the year and one which, it is hoped, will in time lead to the disappearance of a dreaded disease, the cause of much anxiety, distress and permanent disablement in many homes.

When the decision was made by the Government to proceed with poliomyelitis vaccination in this country, all parents and guardians of children born between 1st January, 1947, and 31st December, 1954, were asked whether they wished to take advantage of the scheme. Letters explaining the position were delivered to parents through the schools and child welfare centres and, in addition, wide publicity was given in the press. As a result, written consent was received from the parents or guardians of 21,861 children within the selected age groups. Supplies of vaccine are limited meantime but a sufficient amount was received during the year to protect all registered children born in November in the years 1947 to 1954 and those born in March in the years 1951 to 1954. In all, 1,682 children of these ages received the complete course of two injections given at monthly intervals. Sixteen children received a first injection only and three children, who had received a first inoculation in other areas, completed the course in Edinburgh. The response from parents was satisfactory, only 123 registered children failing to appear without reason, although there were a number of others where vaccination was deferred for various medical causes. Vaccinations were performed by medical officers of the child welfare and school health services at a special centre at 43 Lauriston Place which was made available by the Education Committee. This has been a satisfactory beginning to an important preventive development and it is hoped that, as larger supplies become available, it will be possible to give protection against poliomyelitis to many more children in the city.

As mentioned in last year's report, the triple antigen investigation which commenced in 1954 was discontinued in October, 1955, for technical reasons. During the year, however, the immunisation of 350 children was completed by a modified triple antigen and the follow-up of those who had been previously protected was continued. It has been decided to complete the follow-up in November of next year and thereafter the results of the investigation will be studied.

According to information received by the department, 6,303 children received the primary immunisation against diphtheria in 1956 and 10,598 reinforcing inoculations were given to children at school. Primary vaccinations against smallpox numbered 5,076 while 2,036 re-vaccinations were performed during the year.

Mental Health Services

During the year, Dr. K. W. Matheson was appointed Medical Officer for the Mental Health Services and he has undertaken with enthusiasm and initiative much preparatory work in furthering co-ordination and co-operation with the various bodies, statutory, voluntary and academic, concerned with different aspects of mental health, in surveying the existing arrangements in the city and in defining future needs and developments. His enquiries have now reached an

advanced stage and it is intended to present a comprehensive report to the Health Committee early next year. Details must therefore await the consideration of this report, but, in the meantime, some general observations are included in the body of the annual report which give some idea of the magnitude and importance of the problem of mental handicap and ill-health and of the great need for building up an adequate mental health service in the city.

The City Social Services Officer continued to act as authorised officer. The number of applications for certification was 337 and of these 287 were certified and removed to hospital, an increase of 48 on the number last year. More than 47% of those certified were over 60 years of age. There were 18 new cases of mental handicap admitted for institutional care and the detention of one patient was continued by re-certification on reaching 16 years of age. The complete waiting list of mentally handicapped persons was 108. This figure includes not only patients referred by the local health authority—a restricted number used in previous reports—but also those referred by the Education authority and general practitioners, and emphasises the problem of institutional accommodation.

Venereal Diseases

Dr. Robert Lees, Physician-in-charge of the Venereal Diseases Department of Edinburgh Royal Infirmary, has again given for the annual report an interesting and informative review of the venereal disease position in Edinburgh, and for this we are very grateful. There were only 12 cases of early syphilis dealt with, three of these being infected in the city. Congenital syphilis, diagnosed in 13 cases, is also becoming a rare disease and, with modern treatment and case-finding, should become extinct. The satisfactory trend in these conditions is brought out in comparing the position only 10 years ago when 433 early cases and 150 cases of congenital syphilis were treated in Edinburgh. Two of the congenital cases in 1956 were under one year of age. The mother of one, a county case, had some treatment previously but was unco-operative and had received no ante-natal care or treatment during pregnancy. The other was an illegitimate baby whose mother also had no ante-natal care. Patients with non-specific urethritis now outnumber those with gonorrhoea. This condition is a major problem because, despite intensive research, no real advance has been made in discovering its causes or its treatment. One of the health visitors of the Public Health Department continues to be seconded for work in connection with venereal disease, and undertakes—to quote Dr. Lees—“excellent work related to the detection of sources of infection, securing the examination of ‘contact cases’, persuading patients to co-operate till treatment and tests are completed, alleviating hardship, and the general welfare work which is invaluable to the success of our work.”

The report gives an interesting analysis of the sources of infection of 1,530 venereal cases. It is somewhat surprising that alcoholism was not associated with as many as might have been expected.

Bacteriological Service.

Dr. Helen A. Wright, Senior Lecturer in Bacteriology, has again given for the annual report an informative account of the work carried out by the staff of

the Bacteriology Department, Edinburgh University, for the Corporation and general practitioners in the city. The general public do not realise sufficiently the invaluable laboratory work which is carried out day-by-day and which plays such an important part, not only in the diagnosis and treatment of disease but in the prevention of illness. It is a pleasure to have the opportunity of acknowledging this service and of expressing grateful thanks for the help and guidance given in many ways by the staff of the Bacteriology Department.

The number of examinations—19,687 during the year—exceeded the figures of the past two years. This increase was due very largely to the greater number of examinations for dysentery and food poisoning organisms. On the other hand, there was a fall in the number of examinations for the tubercle bacillus from 684 last year to 464 in 1956. This is a further indication of the trend in tuberculosis discussed earlier in the report. Dr. Wright draws attention to the difficulties frequently met in investigating outbreaks of food poisoning owing to the lapse of time before specimens are submitted for examination. Her report also reveals the vast amount of work undertaken in the examination of imported egg products during the year, 7% of which were found to be contaminated with salmonella organisms.

Voluntary Organisations.

Acknowledgment is again made of the valuable services given to the Corporation by voluntary associations and workers in the city.

The Voluntary Health Workers Association continued their important work in the care of young children. Their 21 playgrounds, where children from two to five years play and learn under healthy conditions, not only relieve hard-pressed mothers and give them physical and mental rest but have an important influence on the health of the children themselves. They are taught healthy habits and receive medical supervision from the child welfare medical officers. It is worth noting that 92% of the 533 toddlers examined last year had been vaccinated against smallpox and that all of them had been immunised against diphtheria. A happy and cordial co-operation has always existed between the Association and the Child Welfare Service and this relationship and the excellent work which has continued since 1915 owe much to the personality and efficiency of Dr. M. M. Brotherston, the Organising Secretary and Treasurer.

The Scottish Association for the Adoption of Children, which has always worked in close and harmonious association with the Child Welfare Service, completed its 33rd year, during which it has arranged no less than 1,790 adoptions. The Baby Home, opened in 1944, was closed during the year but arrangements were made with "Avenel" Babies Home for the admission of 24 babies prior to adoption. The number of children placed for adoption by the Association during the year was 33 which shows that ample, worth-while work still remains for the Society.

The Edinburgh Mental Welfare Association had again an active and successful year of valuable work in the field of mental health. During 1956, 88 children (50 boys and 38 girls) left the special schools and no less than 300 home visits were paid to give help and friendly advice. The Senior Occupation Centre at Fountain-

bridge continued to give facilities for woodwork and leatherwork to 27 boys for two half-days per week. The Occupation Centre for 12 girls is still at Regent Road but larger premises to take 30-40 girls will be opened at Lauriston Place next year. This is a real achievement and is due in no small measure to the inspiration and energy of the Association's able Chairman, Mrs. I. C. Bruce, and Secretary, Mrs. C. D. Kerr.

The Home Safety Committee of the Edinburgh Accident Prevention Council under its energetic and public-spirited Chairman, Mrs. M. W. Keddie, continued its valuable work in the cause of home accident prevention. The very successful fireguard loan scheme, already referred to, is administered by the Committee, and the members addressed no less than 26 meetings with attendances varying from 20 to 160 during the year and in this way continued to spread knowledge of the causes and means of prevention of home accidents to an everwidening circle.

Another voluntary association which deserves the gratitude of the public is the Infantile Paralysis Association which continued its excellent work in the care and welfare of those handicapped by poliomyelitis. Facilities at Warrender Baths were again made available by the Corporation to the Fellowship, and the cost of the additional heating of the water, which is so essential, was met by the Health Committee.

Finally, tribute is again paid to the Women's Voluntary Services and to other voluntary workers who contributed to give much-appreciated help in the distribution of welfare foods at many centres throughout the year.

Sanitary and Veterinary Services.

The reports by the Chief Sanitary Inspector and the Veterinary Inspector set out in detail the important work of their departments in safeguarding the health of the community, and should be read in full. A few of the more outstanding features, however, deserve emphasis.

One of the most important events of the year was the passing of the Clean Air Act, 1956. This Act gives the local authority powers for the first time to take effective action to prevent smoke pollution from the domestic chimney. It introduces a much more stringent standard of density of permissible smoke, and places on owners the responsibility of taking the best practical measures to minimise grit and dust emission from furnaces. Some of the provisions of the new Act, such as the requirement that all furnaces must be, as far as practicable, smokeless and that prior notice must be given to the local authority of these installations, were previously included in local legislation. The "smokeless zone" provision of the Edinburgh Corporation Act has been modified and replaced by the more flexible smoke control procedure. The "appointed day" for some of the provisions of the Clean Air Act has not so far been fixed and time must elapse before the practical application of the new provisions can be judged. The Act, however, is without question a significant advance to meet a very important and difficult health problem. The Edinburgh (Smokeless Zone) Order, No. I, made by the Corporation under the Edinburgh Corporation Order, 1950, was confirmed on the 20th August by the Secretary of State. The zone comprises the Sighthill Industrial Estate and is the first phase of what, it is hoped, will be a much larger and expanding smokeless

area. Another step towards a clearer atmosphere was the decision by the Corporation that tenants in the new housing scheme at Gracemount will require, as a condition of let, to burn smokeless fuel.

Another important Act which received the Royal Assent during the year was the Food and Drugs (Scotland) Act, 1956, which both amends and consolidates previous legislation relating to public health aspects of food supply. This Act made food poisoning a notifiable condition for the first time and gives powers to the Secretary of State to make regulations for securing improvements in food hygiene generally. These regulations have not yet been issued but are eagerly awaited as they should help to secure more hygienic methods in the preparation, handling and distribution of foodstuffs. It should not be forgotten, however, that legislation alone can never effect the improvements desired and that an advance will only be made when the public generally desire and insist on clean food practices.

The Chief Sanitary Inspector in his report gives details of the various houses which have been dealt with under the Housing Acts since 1923. A total of 5,504 houses have been demolished under clearance area procedure and 2,948 houses have been dealt with under closing or demolition orders. During the year, the Secretary of State confirmed the St. Leonard's (Dumbiedykes) Comprehensive Development Area. This is the first part of a much larger scheme. It comprises 206 houses and will be the means of removing many unsatisfactory houses. Slum clearance is still slow and depends on the number of new houses constructed. The Spey Street Clearance Order with 93 houses was submitted to the Secretary of State for confirmation during the year and in addition 193 individual unfit houses were the subject of closing or demolition orders.

The Veterinary Inspector in his report gives very interesting details of the inspection of egg products imported into this country, mainly from China and Australia. This work places heavy demands on his staff and it is interesting to read the account of the method of heat treatment of egg albumen, which was carried out during the year and which clearly indicated the efficacy of heat treatment if continued for a sufficient number of days.

Research.

Reference has been made in previous annual reports to the important and extensive survey into the conditions and circumstances of elderly persons by Dr. C. Gordon of the Department of Public Health and Social Medicine, Edinburgh University, and Dr. J. G. Thomson of the Public Health Department. This survey which was carried out with the co-operation of the health visitors, has now been completed and it is hoped to publish the results early next year. The investigations into canicola fever amongst workers in piggeries were also completed, and Dr. Joyce D. Coghlan, Lecturer in Bacteriology, Edinburgh University, Mr. John Norval, Veterinary Officer in the Public Health Department and myself published the results under the title—*Canicola Fever in Man through Contact with Infected Pigs*—in the "British Medical Journal." Dr. Kenneth S. Deas, a former assistant medical officer in the department, prepared a paper—*Preliminary Investigations on the Uptake of Welfare Foods*—for "The Medical Officer." Miss M. K. Chisholm, a member of the health visitor staff, contributed three articles to "The

Nursing Mirror ” ; and a paper—*Comments on the Report of the Working Party on Health Visiting*—was read by myself at the Conference of the Royal Sanitary Association of Scotland. Dr. J. G. Thomson was asked to attend as a member of the teaching staff at the very successful Summer School organised by the Central Council for Health Education, and Mr. James F. Anderson, Chief Sanitary Inspector, was appointed a member of the Scottish Food Hygiene Council.

Acknowledgments.

I have much pleasure in recording my gratitude to the Chairman, Conveners and Members of the Health Committee for their interest, consideration and help in the work for Public Health. I would also express my appreciation to the heads of other Corporation departments and to the press of Edinburgh for their co-operation in the work of the department. Finally, I would offer my very sincere thanks to all members of the staff of the Public Health Department for their loyal, efficient and conscientious service and for their advice, guidance and support throughout the year.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,

H. E. SEILER, M.D., F.R.C.P.E., D.P.H.

Medical Officer of Health.

POLIOMYELITIS



1. VACCINATION AT SPECIAL CLINIC

(Evening Dispatch Photo)



2. CHILDREN RECUPERATING IN SWIMMING BATHS

(Evening News Photo)

MASS X-RAY CAMPAIGN



1. MOBILE UNIT IN LIBERTON WARD

(Evening Dispatch Photo)



2. "TALKING AEROPLANE"

(Evening News Photo)

CITY AND ROYAL BURGH OF EDINBURGH.

Members of the Health Committee, 1956-57

Councillor GRAEME H. MENZIES, *Chairman*.

Bailie DUNCAN M. WEATHERSTONE

Bailie Mrs CATHERINA T. NEALON.

Bailie JOHN CORMACK.

Bailie WILLIAM DRUMMOND

Convener of Trades KENNETH W. K. TULLO

Councillor JOHN KANE.

Councillor NORMAN SMITH

Councillor MURDO R. M. MACKENZIE

Councillor J. B. STEWART LAMB.

Councillor GEORGE HEDDERWICK.*

Councillor J. G. MORE-NESBITT.†

Councillor Miss ELIZABETH M. MEIN.

Councillor Mrs. MARGARET SMITH

Councillor Mrs RHODA E. PAUL.

Councillor Mrs BARBARA WOODBURN.

Councillor JOSEPH MACKAILL.

Councillor S. WYNDHAM MILLER (deceased 24-1-57).

Councillor Mrs MARY TENNANT.

Councillor GEORGE GIBSON

* Convener of Medical Health Services Sub-Committee.

† Convener of General Health Services Sub-Committee.

Public Health Department.

PRINCIPAL OFFICIALS—1956.

Medical Officer of Health—Dr H. E. SEILER.

Depute Medical Officers of Health—Dr J. L. GILLORAN
and Dr JOHN L. GAMMIE (deceased 30/8/56).

Assistant Medical Officer of Health—Dr ROBERT Y. FORBES.

Medical Officer for Research and Health Education—Dr JAMES G. THOMSON

Medical Officer for Tuberculosis Services—Dr JOHN M. MAIR.

Medical Officer for Mental Health Services—Dr K. W. MATHESON

Maternity and Child Welfare Medical Officer—Dr HALDANE P. TAIT.

Senior Assistant Medical Officer—Dr M. E. STURROCK.

Assistant Medical Officers—

Dr WALTER M. FEE.

Dr UNA LAWRIE.

Dr RUTH E. GRAHAM-YOULL

Dr JOAN M. McWILLIAM.

Dr WILLIAM N. HOOD.

Dr ALEXANDER S. M. WILSON.

Dr MARGARET S. B. LANGTON.

Dr BEATRICE M. WILSON.

Administrative Officer—Mr W. A. B. VALENTINE.

Supervisor of Health Visitors—Miss G. S. H. PIKE.

Supervisor of Midwives—Miss C. A. MATHESON.

Supervisor of Home Helps—Miss M. A. McALPINE.

Supervisor of Nurseries—Miss H. M. W. SWANSTON.

Almoner—Miss ANN C. M. MACCALLUM.

Sanitary Department.

Chief Sanitary Inspector—Mr JAMES F. ANDERSON.

Depute Chief Sanitary Inspector—Mr JAMES ROBERTSON.

Chief Assistant Sanitary Inspector—Mr W. J. OSBORNE.

Veterinary Service.

Veterinary Inspector—Mr JOHN NORVAL.

Assistant Veterinary Inspector—Mr WALTER FORREST.

School Health Service.

Chief Executive School Medical Officer—Dr W. N. BOOG WATSON

Senior Assistant Medical Officers—

Dr ELIZABETH H. NIMMO and Dr JESSIE R. WILSON.

Assistant Medical Officers—

Dr ANNE ANDERSON.

Dr DOUGLAS MURRAY

Dr MARGARET E. CHAPMAN.

Dr PAUL E. F. ROUTLEY.

Dr CONSTANCE F. DRYSDALE.

Dr JEAN C. WILLISON.

Dr ROBERT P. JACK.

Chief Dental Officer—Mr GEOFFREY MOODY.

Assistant Dental Officers—

Mr J. ALLEN.

Mrs E. HORNE.

Mr K. CLARK.

Mrs C. MARSHALL.

Mrs WANDA Z. GOLABEK.

Miss M. MILLER.

Miss S. S. GRANDISON.

Mr K. St. C. McPHAIL.

Dr DAVID HARDY.

Mr JOHN L. ROBERTSON.

Mr H. HART.

Mr W. A. WISHART.

Mr ALEXANDER HARVEY.

Physiotherapist—Mrs CHRISTINA M. RUTLEDGE.

Chiropodist—Miss BRENDA GORDON.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1952, 1953, 1954, 1955 and 1956.

	1952	1953	1954	1955	1956
Population at Mid-Year ...	475,074	470,847	469,297	467,889	466,889
Area of City—Acres ...	33,183	33,183	34,064	34,064	33,705
Density of Population— Persons per acre ...	14·3	14·2	13·8	13·7	13·9
Inhabited Houses ...	142,143	143,219	145,354	146,565	148,773
Marriages Registered ...	4,240	4,152	4,347	4,517	4,492
Birth-Rate ...	15·0	15·4	15·5	15·2	16·0
Death-Rate ...	12·6	12·3	12·9	12·9	13·0
Infant Mortality Rate (per 1,000 Live Births) ...	29	24	25	25	24
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	19	16	19	18	18
Still-Birth Rate (per 1,000 Total Births) ...	27	22	21	24	23
Maternal Mortality Rate (per 1,000 Total Births) ...	0·1	0·7	0·1	0·3	0·5
Cancer Death-Rate ...	2·3	2·4	2·4	2·5	2·6
Pulmonary Tuberculosis Death-Rate ...	0·26	0·23	0·19	0·10	0·09
*Epidemic Diseases Death- Rate ...	0·06	0·10	0·06	0·04	0·08

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza.

VITAL STATISTICS.

Population.—The population of the City of Edinburgh as at 30th June 1956 has been estimated by the Registrar General as 466,889. This figure, which represents a decrease of 1,000 compared with the previous year, takes into account the natural increase of births over deaths and the movement of population into and out of the city.

The following table shows the age-group percentage distribution of the population for the four censal years—1901, 1921, 1931 and 1951, and for the year 1956 :—

Age Distribution of Population

Age Groups	1901	1921	1931	1951	1956
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 Year	2·1	1·9	1·5	1·5	1·5
1- 5 Years	7·8	5·8	5·9	6·9	6·0
5-15 „	20·8	17·7	15·2	13·3	14·7
15-25 „	21·4	18·8	18·4	13·5	13·1
25-45 „	28·6	29·3	29·1	28·9	27·0
45-65 „	14·9	20·3	22·2	24·5	25·7
65 and over	4·4	6·2	7·7	11·4	12·0
	100	100	100	100	100

Ward Statistics.—A table showing the principal statistics for the twenty-three municipal wards appears on page 33.

Inhabited Houses.—The number of inhabited houses in the city at Whitsunday 1956 was 148,773, which is an increase of 2,208 over the previous year. A table, supplied by the City Assessor, showing the numbers in each ward, is given on page 34.

Births.—During the year there were 9,539 live births registered in the city. From this total, 2,144, which took place in maternity hospitals and nursing homes to parents whose domicile was outwith the city, were deducted, and 72 births to Edinburgh citizens residing temporarily in other parts of Scotland were added. The corrected births thus numbered 7,467 (3,849 males and 3,618 females).

The birth-rate for the year was 16·0 per thousand of the population, the highest since 1949. The number of illegitimate births, 360, was 4·8 per cent. of the total births. There were 176 still-births registered, representing a still-birth rate of 23 per thousand total births (live and still).

Deaths.—The total number of deaths registered during the year was 6,071 (3,019 males and 3,052 females), equivalent to a death-rate of 13·0 per thousand

of the population. Of the total deaths, 4,133 (or 68 per cent.) were persons over sixty-five years of age. The principal causes of death for 1954, 1955 and 1956 are set out in the following table :—

Principal Causes of Death and Rates per 100,000 of Population.

CAUSE OF DEATH	1954		1955		1956	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	2,140	456	2,133	456	2,147	460
Other Diseases of Circulatory System	249	45	209	45	244	52
Malignant Diseases	1,148	245	1,180	252	1,195	256
Diseases of Nervous System	988	211	1,040	222	1,008	216
Pneumonia (all forms) ...	218	46	204	44	195	42
Bronchitis	197	42	228	49	192	41
Tuberculosis (Respiratory)...	88	19	49	10	42	9
„ (other forms)	7	1	8	2	8	2

The usual table showing an analysis of the deaths from cancer in sex and age groups and site of the disease is given on page 35.

Deaths from the principal epidemic diseases numbered 40, of which three-quarters were due to influenza. Figures for the last five years are set out in the following table :—

Deaths from Principal Epidemic Diseases.

	1952	1953	1954	1955	1956
Measles	2	...	1	...	3
Whooping-Cough ... ..	...	4	3	...	2
Diphtheria ... ..	...	1	...	...	...
Cerebro-spinal Fever ...	5	4	5	4	2
Influenza	20	36	18	13	31
Diarrhœa and Enteritis ...	4	4	7	8	2
(under 2 years)					
Total ...	31	49	34	25	40

The causes of death of children under five years of age are dealt with in greater detail in the report of the Maternity and Child Welfare Medical Officer on page 41.

Marriages.—The number of marriages registered—4,492—was 25 less than in the previous year. The rate of 9.6 per thousand of the population was for the ninth successive year lower than the average rate (9.9) for the five years before the war.

CITY OF

Deaths from Specified Causes
and Death Rates per 1000

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Tuberculosis of Respiratory System ...	...	...	...	...	...	2	...	7	11	7	2	29
2. „ —Other Forms ...	...	...	...	...	1	...	1	...	...	1	...	3
3. Syphilis and its Sequelæ ...	...	...	...	...	...	...	...	2	5	...	...	7
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	1	...	...	...	...	...	...	...	...	...	...	1
6. Meningococcal Infections ...	...	1	...	...	...	...	...	...	...	...	...	1
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases ...	...	1	...	1	1	...	1	...	1	...	1	6
9. Malignant Neoplasms ...	...	1	2	1	1	5	18	80	175	182	128	593
10. Benign and Unspecified Neoplasms ...	...	...	...	...	...	2	1	2	1	1	3	10
11. Diabetes Mellitus ...	...	...	...	...	...	2	1	2	...	3	1	9
12. Anæmias ...	...	...	...	...	...	...	...	...	...	...	3	3
13. Vascular Lesions affecting Central Nervous System.	...	...	...	...	...	3	4	19	59	113	189	387
14. Other Diseases of Nervous System ...	1	1	...	2	...	5	3	5	14	10	6	47
15. Rheumatic Fever ...	...	...	...	...	...	...	1	...	...	...	...	1
16. Chronic Rheumatic Heart Disease ...	...	...	...	1	...	3	2	10	4	3	3	26
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	1	19	92	177	262	382	933
18. Other Diseases of Heart ...	...	...	...	...	...	1	...	2	9	8	9	29
19. Other Circulatory Diseases ...	...	...	...	...	...	...	2	4	25	57	125	213
20. Influenza ...	...	...	...	...	...	...	2	1	1	4	3	11
21. Pneumonia ...	5	5	...	...	1	3	1	2	15	21	41	94
22. Bronchitis ...	4	5	...	...	...	...	1	7	36	41	34	128
23. Other Respiratory Diseases ...	...	...	...	...	...	1	1	1	11	6	5	25
24. Ulcer of Stomach and Duodenum ...	...	...	...	...	...	...	1	6	5	12	8	32
25. Appendicitis ...	...	...	...	...	...	...	1	...	...	...	2	3
26. Intestinal Obstruction and Hernia ...	1	...	...	...	...	...	...	1	4	5	2	13
27. Other Digestive Diseases ...	...	1	...	...	1	...	3	6	9	11	10	41
28. Nephritis and Nephrosis ...	...	1	...	...	3	2	4	2	3	5	2	22
29. Other Diseases of Genito-Urinary System ...	...	...	...	...	...	...	...	1	7	17	32	57
30. Puerperal Causes ...	...	...	...	...	...	...	...	...	...	...	...	...
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	2	...	1	...	2	6	1	12
32. Congenital Malformations ...	22	3	...	1	...	1	...	1	...	...	...	28
33. Diseases of Early Infancy ...	59	...	...	...	...	...	...	...	...	...	...	59
34. Senility ...	...	...	...	...	...	...	...	...	...	1	9	10
35. Violence ...	8	4	...	1	12	18	15	31	18	21	34	162
36. All other causes ...	2	...	...	...	...	3	...	6	5	4	4	24
TOTALS ...	105	21	2	7	22	52	83	290	597	801	1039	3,019

EDINBURGH.

n Sex and Age Groups
of the Population.

CAUSE OF DEATH	FEMALES											Total Fe- males	Total both Sexes	Rate per 1000 Pop.
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+			
1. Tuberculosis of Respira- tory System.	...	...	...	...	...	3	4	...	2	2	2	13	42	0.09
2. " —Other Forms ...	...	...	...	...	...	...	1	...	1	2	1	5	8	0.02
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	...	...	...	...	...	7	0.01
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	1	...	...	...	...	...	...	...	...	...	...	1	2	0.00
6. Meningococcal Infections	1	...	...	...	...	...	...	...	...	...	...	1	2	0.00
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases.	...	2	...	...	...	...	...	2	2	2	1	9	15	0.03
9. Malignant Neoplasms ...	1	...	2	1	...	5	36	79	124	184	170	602	1,195	2.56
10. Benign and Unspecified Neoplasms	...	...	...	...	...	1	3	...	...	2	...	6	16	0.03
11. Diabetes Mellitus ...	...	...	...	...	...	...	2	...	8	7	5	22	31	0.07
12. Anæmias ...	...	...	...	...	...	...	...	...	1	5	6	12	15	0.03
13. Vascular Lesions affect- ing Central Nervous System.	...	...	...	...	...	1	4	18	44	128	327	522	909	1.95
14. Other Diseases of Nerv- ous System.	2	...	1	...	...	1	2	7	7	13	19	52	99	0.21
15. Rheumatic Fever ...	...	...	1	...	1	...	...	...	...	1	...	3	4	0.01
16. Chronic Rheumatic Heart Disease.	...	...	...	...	...	2	5	6	6	10	6	35	61	0.13
17. Arteriosclerotic and De- generative Heart Disease.	...	...	...	...	1	...	3	31	77	237	550	899	1,832	3.92
18. Other Diseases of Heart	...	...	...	...	1	1	...	1	4	3	18	28	57	0.12
19. Other Circulatory Diseases.	...	...	...	...	...	...	3	8	13	39	165	228	441	0.91
20. Influenza ...	1	...	...	...	...	...	1	2	3	3	10	20	31	0.07
21. Pneumonia ...	2	...	...	...	1	2	1	1	9	24	61	101	195	0.42
22. Bronchitis ...	...	...	...	...	...	...	3	4	5	17	35	64	192	0.41
23. Other Respiratory Diseases.	4	...	1	...	...	1	...	2	2	4	3	17	42	0.09
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	...	...	2	5	5	14	26	58	0.12
25. Appendicitis ...	...	...	...	...	...	...	...	1	...	...	1	2	5	0.01
26. Intestinal Obstruction and Hernia.	...	...	...	...	1	...	1	...	1	10	9	22	35	0.07
27. Other Digestive Diseases	1	2	...	1	1	...	2	4	5	13	19	48	89	0.19
28. Nephritis and Nephrosis	...	...	...	1	...	4	3	4	4	2	4	22	44	0.09
29. Other Diseases of Genito- Urinary System.	...	...	...	...	...	...	1	4	5	6	7	23	80	0.17
30. Puerperal Causes ...	...	...	...	...	1	...	1	...	...	...	...	2	2	0.00
31. Diseases of Skin and Organs of Locomotion.	1	...	...	...	...	1	...	1	4	7	7	21	33	0.07
32. Congenital Malformations	14	1	...	2	...	1	2	3	...	1	1	25	53	0.11
33. Diseases of Early Infancy	39	...	...	...	...	...	...	...	...	...	...	39	98	0.21
34. Senility ...	...	...	...	...	...	...	...	...	...	2	22	24	34	0.07
35. Violence ...	7	1	2	...	5	4	6	8	13	13	74	133	295	0.63
36. All other causes ...	...	...	...	1	1	...	1	6	2	9	5	25	49	0.10
TOTALS ...	71	6	7	6	13	27	85	194	347	751	1542	3,052	6,071	13.0

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1937-1956

Year	Estimated Population	NUMBERS				RATES							
		Live Births		† Still Births	Deaths		Per 1000 of Estimated Population			Illeg. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	† Still Births per 1000 Total Births (Live & Still)	
		Total	Illegitimate		Marriages	All Ages	Under 1 Year	Live Births	Marriages				Deaths
1937	466,817	7,375	402	...	6,544	516	15.8	9.5	14.0	6.3	70	...	
1938	469,448	7,549	467	...	5,974	462	16.1	9.6	12.7	6.2	61	...	
1939	471,897	7,300	417	306	6,109	432	15.5	11.7	13.1	5.7	59	40	
1940	427,439	6,930	411	288	5,909	468	15.5	13.2	15.9	5.9	65	40	
1936-40	459,948	7,309	444	...	6,343	477	15.9	10.7	13.8	6.1	65	...	
1941	429,179	6,934	504	267	4,882	461	15.0	10.6	15.3	7.3	66	37	
1942	424,547	7,386	559	255	4,887	415	15.8	10.5	14.5	7.6	56	33	
1943	415,318	7,605	637	290	6,338	407	16.2	8.5	15.3	8.4	54	37	
1944	418,374	7,908	720	223	5,979	403	16.6	8.3	14.3	9.1	51	27	
1945	426,280	7,362	723	214	6,147	365	15.4	11.6	14.4	9.8	50	28	
1941-45	422,740	7,439	629	250	6,232	410	15.8	9.9	14.8	8.5	55	31	
1946	450,430	9,350	658	305	6,485	490	19.5	10.2	14.1	7.0	52	32	
*1947	485,661	9,865	569	268	6,503	480	20.3	10.0	13.4	5.7	49	26	
1948	488,331	8,420	515	254	5,935	284	17.2	9.4	12.2	6.1	34	29	
1949	489,028	8,154	455	203	6,099	263	16.7	8.7	12.5	5.6	32	21	
1950	488,883	7,674	407	190	6,161	225	15.7	8.7	12.6	5.3	29	24	
1946-50	482,267	8,693	519	244	6,241	248	17.9	9.4	12.9	6.0	40	27	
1951	467,455	7,353	402	204	6,474	196	15.7	9.0	13.9	5.5	27	27	
1952	475,074	7,129	391	105	5,964	206	15.0	8.9	12.6	5.5	29	27	
1953	470,847	7,241	379	163	5,782	177	15.4	8.8	12.3	5.2	24	22	
1954	469,297	7,256	386	158	6,061	185	15.5	9.3	12.9	5.3	25	21	
1955	467,889	7,128	358	177	6,049	179	15.2	9.7	12.9	5.0	25	24	
1951-55	470,108	7,221	383	179	6,068	189	15.4	9.1	12.9	5.3	26	24	
1956	466,869	7,467	360	176	6,071	170	16.0	9.6	13.0	4.8	21	23	

• Birth and Marriage Rates are calculated as usual on the 'Total Population which includes an allowance for persons in the Armed Forces. Death Rates are based on all Edinburgh Deaths registered in Scotland (corrected for usual residence) and Total Population, and not, as in the years 1940-46, on Civilian Deaths and Civilian Population.

† Still Births became Registrable in 1939.

Table showing the Population, etc., also the Births and Deaths in each Ward during 1956.

No.	WARD	Estimated Population at Mid-Year	Area in Acres	Density of Population per Acre	BIRTHS (Live)		INFANT MORTALITY		STILL BIRTHS		DEATHS					
					No.	Rate per 1,000	Deaths	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Births	PULMONARY TUBERCULOSIS		•EPIDEMIC DISEASES		ALL CAUSES	
											No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles	20,560	396	51.9	400	19.5	12	30	10	24	...	...	3	0.15	271	13.2
2	Holyrood	17,940	924	19.4	406	22.6	12	30	9	22	0.06	0.06	1	0.06	230	12.8
3	George Square	15,280	319	47.9	254	16.6	8	31	1	4	...	...	2	0.13	263	17.2
4	Newington	21,470	906	23.7	299	13.9	6	20	6	20	0.05	0.05	3	0.14	352	16.4
5	Liberton	27,540	4,919	5.6	510	18.5	15	29	8	15	0.04	0.04	1	0.04	234	8.5
6	Morningside	15,970	693	23.0	156	9.8	1	6	6	37	0.25	0.25	1	0.06	305	19.1
7	Merchiston	15,030	762	19.7	200	13.3	1	5	4	20	0.07	0.07	...	...	225	15.0
8	Colinton	18,790	6,242	3.0	377	20.1	7	19	6	16	0.05	0.05	2	0.11	205	10.9
9	Sighthill	25,490	1,045	15.5	306	12.0	4	13	4	13	0.12	0.12	1	0.04	189	7.4
10	Gorgie-Dalry	21,090	438	48.2	358	17.0	10	28	6	16	0.14	0.14	...	...	271	12.8
11	Corstorphine	17,390	3,518	4.9	248	14.3	6	24	7	27	0.12	0.12	3	0.17	250	14.4
12	Murrayfield- Cramond	16,920	3,395	4.7	299	18.7	6	20	8	26	0.06	0.06	1	0.06	214	13.4
13	Pilton	27,780	1,101	25.2	391	14.1	13	33	17	42	0.04	0.04	...	...	208	7.5
14	St Bernard's	21,940	1,424	15.4	383	17.5	6	16	12	30	0.09	0.09	5	0.23	254	11.6
15	St Andrew's	15,980	387	41.3	329	20.6	6	18	7	21	0.13	0.13	...	...	247	15.5
16	Broughton	18,070	520	34.8	265	14.7	7	26	5	19	0.06	0.06	...	...	285	15.8
17	Calton	17,700	318	55.7	286	16.2	9	31	7	24	0.17	0.17	4	0.23	264	14.9
18	West Leith	16,640	887	18.8	245	14.7	6	24	8	32	0.12	0.12	1	0.06	261	15.7
19	Central Leith	20,370	304	67.0	396	19.4	14	35	9	22	...	...	2	0.10	250	12.3
20	South Leith	20,310	699	29.1	299	14.7	9	30	10	32	0.20	0.20	1	0.05	272	13.4
21	Craigentiny	22,940	791	29.0	248	10.8	9	36	8	31	0.17	0.17	3	0.13	283	12.3
22	Portobello	21,400	1,636	13.1	305	14.3	2	7	7	22	0.05	0.05	2	0.09	275	12.9
23	Craigmillar	18,540	1,481	12.5	389	21.0	8	21	6	15	0.11	0.11	...	...	147	7.9
	Institutions and Military Quarters	12,649	...	...	118	...	2	...	5	...	...	...	2	...	316	...
	Totals	466,889	33,705	13.9	7,467	16.0	179	24	176	23	0.09	0.09	38	0.08	6,071	13.0

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-Spinal Fever and Influenza.

NOTE.—Births and deaths occurring in institutions are allocated to wards, except in cases where a permanent domicile cannot be established.

CITY OF EDINBURGH

Inhabited Houses.

NUMBER OF INHABITED HOUSES

WARDS	1953-54	1954-55	1955-56	1956-57
1. St Giles	6,881	6,861	6,786	6,768
2. Holyrood	6,468	6,404	6,384	6,336
3. George Square	5,550	5,504	5,487	5,487
4. Newington	7,483	7,557	7,573	7,564
5. Liberton	6,057	7,398	7,656	7,961
6. Morningside	6,321	6,376	6,368	6,365
7. Merchiston	5,646	5,637	5,668	5,681
8. Colinton	5,416	5,463	5,930	6,768
9. Sighthill	6,714	6,675	6,683	6,710
10. Gorgie-Dalry	7,430	7,403	7,431	7,373
11. Corstorphine	5,768	5,851	6,067	6,243
12. Murrayfield-Cramond	4,664	4,858	5,352	5,954
13. Pilton	6,105	6,172	6,136	6,154
14. St Bernard's	7,215	7,850	8,050	8,298
15. St Andrew's	5,989	6,021	5,945	5,899
16. Broughton	6,234	6,200	6,182	6,173
17. Calton	6,365	6,351	6,163	6,198
18. West Leith	5,903	5,879	5,819	5,763
19. Central Leith	6,848	6,813	6,702	6,632
20. South Leith	6,875	6,807	6,830	6,884
21. Craigentinny	6,642	6,665	6,674	6,791
22. Portobello	6,642	6,564	6,554	6,575
23. Craigmillar	4,003	4,045	4,125	4,196
	143,219	145,354	146,565	148,773

Year	Increase
1946-47	435
1947-48	1,358
1948-49	2,808
1949-50	2,924
1950-51	1,481
1951-52	350
1952-53	928
1953-54	1,076
1954-55	2,135
1955-56	1,211
1956-57	2,208

Analysis of Deaths from Cancer, 1956.

Site	Sex and Age-groups												Totals					
	Under 15		15-25		25-35		35-45		45-55		55-65		65-75		75 and upwards			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	Both sexes																	
Brain	1	2	—	—	1	1	—	1	—	—	5	—	1	1	—	—	8	13
Jaw, Face and Ear	—	—	—	—	—	—	—	—	1	—	2	—	1	3	—	—	7	11
Tongue and Mouth	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	10	15
Larynx, Pharynx and Neck	—	—	—	—	—	—	1	1	—	—	9	—	1	1	—	—	18	24
Bronchus and Lungs	—	—	—	—	—	—	7	4	36	6	87	8	15	3	16	213	36	249
Other Thoracic Site	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Breast	—	—	—	—	—	1	—	12	—	23	—	20	31	—	24	—	111	111
Stomach and Oesophagus	—	—	—	—	—	1	1	—	13	8	20	16	31	26	97	98	195	
Liver and Gall Bladder	—	—	—	—	—	—	1	—	3	2	7	4	9	5	22	23	45	
Intestines and Rectum	—	—	—	—	—	—	2	5	8	9	14	20	46	35	79	135	214	
Pancreas	—	—	—	—	—	—	—	2	2	3	7	5	11	4	21	29	50	
Genital Organs	—	—	—	—	—	—	1	6	—	17	1	27	22	—	6	81	87	
Abdomen and Pelvis	—	—	—	—	—	—	—	—	1	2	1	2	3	1	2	10	12	
Kidney	2	—	—	—	—	—	—	1	3	1	3	2	1	1	13	6	19	
Prostate	—	—	—	—	—	—	2	—	2	1	4	—	—	15	37	—	37	
Bladder	—	—	—	—	—	—	—	—	2	1	1	2	4	3	11	11	22	
Bones	—	—	—	—	—	1	1	—	1	—	—	2	—	—	5	3	8	
Ductless Glands	—	—	—	—	—	—	—	—	1	1	—	2	—	1	3	5	8	
Other Sites	1	2	—	—	—	1	4	4	6	6	13	11	8	1	40	34	74	
Totals { Male	4	—	1	—	5	—	18	—	80	—	175	—	182	128	593	—	—	1,195
Female	—	4	—	—	—	5	—	36	—	79	—	124	—	—	—	602	—	—

CHILD HEALTH

MATERNITY AND CHILD WELFARE.

REPORT BY THE MATERNITY AND CHILD WELFARE
MEDICAL OFFICER.

INTRODUCTION.

Historical Note.

Fifty years ago, on the 13th and 14th June, 1906, the first National Conference on Infant Mortality in Great Britain was held in the Caxton Hall, Westminster, London, and was attended by Police Judge James P. Gibson, Convener of the Public Health Committee, and Sir Henry Littlejohn, Medical Officer of Health, representing Edinburgh Corporation. This important conference was called as a consequence of a visit paid to France by several British doctors and others interested in the field of infant welfare. So impressed were these men with what the French were accomplishing in this direction that they resolved to call a meeting to discuss what should be done in this country to reduce the high infant mortality. The conveners of the conference, which was under the Patronage of King Edward VII and Queen Alexandra, were Bailie William F. Anderson of Glasgow and Alderman Benjamin Broadbent of Huddersfield. The President of the Conference was Mr John Burns, M.P., then President of the Local Government Board, who made a historic speech on the opening day. The conference passed several resolutions urging, among other things, the compulsory notification of all live and still births within 48 hours. As a result of the work of the conference, the Notification of Births Act was passed in 1907, and though it was an adoptive measure, Edinburgh Corporation resolved to operate the Act throughout the city and thus began, officially, the child welfare movement here. It was not until 1917, however, that a well-organised and complete scheme of maternal and child welfare was launched in Edinburgh following on the powers conferred on local authorities by the Notification of Births (Extension) Act, 1915.

It should be noted in passing that the Burgh of Leith was early in the field of child welfare, having opened an infants' milk depot in 1903, the first in Scotland. June, 1906, also saw the publication of the late Sir George Newman's great work on *Infant Mortality*, an encyclopædic volume and one which can still be read with appreciation and profit.

Developments During the Year.

In April, the ante-natal clinic at Portobello was closed, thus reducing the number of such clinics under Corporation ægis to one, that at Niddrie. In February, at the express desire of the Salvation Army authorities at "Tor"

Mother and Baby Home, a health visitor commenced mothercraft classes among the young unmarried mothers residing there, and in December a general practitioner group requested the services of a health visitor at their ante-natal clinic, a request readily acceded to. The mothers' clubs continued their activities, a new one opening at Portobello in December, while in May, at the invitation of the Superintendent of the Maternity Unit of the Eastern General Hospital, the health visitors of the Lochend district joined forces with her at the mothercraft classes held at that hospital. The club at Lochend having become redundant was therefore disbanded.

A new child welfare clinic was opened at Clermiston in February, the number of such premises owned or rented by the Corporation for child welfare purposes standing at twenty-nine. A list of the names and addresses of all the child welfare clinics, together with the dates of their opening, is given later (II(*g*)).

Association with children's hospitals and units in the city was further strengthened by the arrangements made with the Deaconess Hospital in February. A health visitor now regularly acts as liaison officer between the Health Department and the children's unit of that hospital. The regular case conferences, attended by health visitors, at the University General Practice dispensaries at Richmond Street and Cowgate continued to prove their worth.

The distribution of Welfare Foods was carried on during the year though several changes in distribution centres fall to be recorded. Two centres were closed, Southfield (March) and Elm Row (April), and distribution for this latter area was conducted at the child welfare clinic premises at 29 Windsor Street. A new centre was opened at Piershill (April) and one at Clermiston at the child welfare clinic there (October). Thirty-eight centres are now in operation and a list of their addresses is given later (II(*p*)).

The infant feeding centre at Portobello was again open in July, though the poor weather resulted in a lower attendance compared with previous years (II(*q*)).

Mention was made in last year's report of the trial given at Clermiston housing area of combining school health and child welfare functions in the one health visitor. This trial fully justified itself and the scheme was extended in August when the schools resumed after the summer vacation. Five additional combinations were then started at Colinton, Juniper Green, Moredun, Oxgangs and Parsons Green areas. As more experience is gained in this most desirable combination of duties it is hoped to extend the work still further.

In July, the eminent authorities on the ascertainment and management of deafness in the young child, Professor Alex. W. R. Ewing and his wife, Mrs Irene R. Ewing, visited Edinburgh at the invitation of the Health Committee. Through the courtesy of Mr William Jeffrey, headmaster of Donaldson's School for the Deaf, instructional classes in the ascertainment of deafness in young children were held at the school by Professor and Mrs Ewing for fifteen health visitors from the child welfare service and five from the school health service. Emphasis was placed on screening tests, and these health visitors are now conducting screening examinations and also instructing their colleagues on the screening technique.

Active participation by the health visitors in the training of nurse trainees

was carried on as in former years and even extended somewhat, but the difficulty still persists, and is likely to continue, of expanding this desirable state of affairs because of the other heavy commitments of the health visiting staff. They took part in an enquiry in association with the Edinburgh Council of Social Service on what parents considered the most desirable thing that was going to help their children in later life. The answers given by parents varied within wide limits but by far the most frequent reply given was good home life combined with good health. A short note is also given on the health visitors' work in the prevention of the break-up of families (V(d)), and of their investigations into the incidence of breast feeding in infants (VI).

From March 1955 until November 1956, a survey of the refractive state of the eyes of pre-school children attending the day nurseries was carried out by Dr Stella Eadie of the Eye Department of the Royal Infirmary. The results of her survey and her comments are given under II(k). Assistant medical officers of the service also participated in a limited survey of the cereal intake of infants at the instigation of Dr T. B. Binns of Glaxo Laboratories. They also took part in the poliomyelitis vaccination scheme during May and June and in December, but fuller details of this project are found elsewhere in the full report of the Medical Officer of Health.

The Corporation's training school for health visitors presented twenty-eight students for the examination for the Health Visitor's Certificate of the Royal Sanitary Association of Scotland in April, and a further twenty-nine students commenced training in October (V(c)).

Dr Kenneth S. Deas, who resigned from the medical staff in order to take up another post, published the results of his preliminary investigation into the uptake of Welfare Foods in *The Medical Officer* (1956, 95, 203-205). Miss Mary K. Chisholm, of the health visitor staff, made several contributions during the year to *The Nursing Mirror*. These were: *Health Pointers on the Blackboard* (13th January, pp. 999-1,000); *Mental Health from the Angle of the Child* (24th February, p. 3); *A Chapter of Accidents* (14th September, p. 1,714); and *Paediatric After-Care* (19th October, pp. vi-vii of Supplement).

As in former years the Tables are grouped together at the end of the text for easier reference.

(I) MATERNAL HEALTH AND WELFARE.

(a) Ante-natal Supervision (Table 1).

Some 207 pregnant women attended for ante-natal care during the year at Portobello clinic till it closed and at Niddrie which functioned actively throughout the year. This was 56 fewer than last year. Attendance at the Mass Miniature Radiography Unit by these women was rather better than in previous years but was still disappointing.

(b) Post-natal Supervision (Table 1).

Only 53 women received post-natal care at the clinics, where no special post-natal sessions are held. This figure compares with 57 last year and 75 in 1954.

(c) Domiciliary Midwifery Service (Table 2).

Developments in this service during the year are dealt with in the section of the full report of the Medical Officer of Health concerning the Domiciliary Services. Reference is only made here to certain statistical information concerning the domiciliary midwifery service. At 31st December, 13 full-time midwives were directly employed by the Corporation.

During the year 1,331 domiciliary births took place in the city, and of these 1,315 were attended by midwives provided under the local health authority service. The distribution of these births was as follows :—

880 births were attended by midwives directly employed by the Corporation.

226 births were attended by midwives from the Simpson Memorial Maternity Hospital.

173 births were attended by midwives from the Queen's Institute of District Nursing.

36 births were attended by midwives from the Elsie Inglis Maternity Hospital.

Of the remaining 16 domiciliary births, 11 were attended by private maternity nurses, 1 by a medical practitioner only, and the remaining 4 had neither doctor nor midwife in attendance.

Analgesics were administered in 1,126 of the 1,315 domiciliary confinements attended under local authority arrangements, and the number of analgesics given was 1,925. Of these analgesics, 1,474 were administered by midwives, and 451 by medical practitioners, and the forms of analgesia used were : pethidine 643 ; gas and air 434 ; chloroform 232 ; trilene 608 ; others 8. In 38 cases any form of analgesia was refused by the women in labour and in 151 cases an analgesic was not administered for other reasons, *e.g.* baby born before arrival of midwife or doctor.

(d) Puerperal Fever and Puerperal Pyrexia (Tables 3-5).

Puerperal pyrexia notifications numbered 23, and of these 9 were subsequently proved to be cases of puerperal fever. Three cases of puerperal fever were notified, and the diagnosis confirmed in 2 of them. There were thus 11 cases of puerperal fever and 15 of puerperal pyrexia. Twenty-three cases occurred in hospitals, 1 in a registered maternity home and 2 were in domiciliary practice.

(e) Maternal Deaths (Tables 6-8).

Four maternal deaths occurred during the year, giving a maternal mortality rate of 0.5 per 1,000 live and still births. The first case concerned a young married woman, aged 22 years, who since early childhood had suffered from attacks of colic. When 5½ months pregnant she was suddenly seized with acute abdominal pain and she collapsed and died, a complete volvulus of the small and large bowel being found post-mortem, the volvulus becoming strangulated as a result of the increasing size of the uterus. The second case involved a married woman, aged 23 who, when some 19 weeks pregnant, douched herself

with a soap solution. She aborted soon after and died from uræmia. The third concerned a married woman of 25 who suffered from a congenital heart lesion. After a normal confinement her condition suddenly and surprisingly deteriorated. She had been under specialist care since early on in pregnancy. The fourth case involved a married woman of 36 who, after a sudden ante-partum hæmorrhage in the 36th week of pregnancy, died from anuria. Table 8 shows the Registrar General's analysis of the deaths along with that after clinical investigation.

(II) CHILD HEALTH AND WELFARE.

(a) Registered Live Births (Tables 9, 10).

There were 7,467 registered live births during the year after the usual corrections had been made. Of these births, 3,849 were males and 3,618 females. The birth rate for the city was 16.0 compared with 15.2 last year, and 15.5 in 1954. The Edinburgh rate compares with the rate for Scotland of 18.5 this year.

(b) Illegitimate Births (Table 9).

Illegitimate births registered were 360, giving an illegitimate birth rate of 4.8 per cent. compared with 5.0 per cent. last year. Notified illegitimate births numbered 500. The following statement shows the monthly notified illegitimate births during the year.

Month	Males	Females	Over 5½ lb. at birth	5½ lb. or under	Live- born	Still- born	Total
January ...	31	17	42	6	45	3	48
February...	16	16	27	5	29	3	32
March ...	22	19	38	3	38	3	41
April ...	27	19	42	4	46	—	46
May ...	31	22	51	2	53	—	53
June ...	25	16	37	4	40	1	41
July ...	27	27	51	3	52	2	54
August ...	18	18	35	1	35	1	36
September	23	20	40	3	42	1	43
October ...	16	14	28	2	29	1	30
November	16	18	33	1	34	—	34
December	20	22	35	7	39	3	42
Totals ...	272	228	459	41	482	18	500

Of these infants, 99 were born to mothers living in mother and baby homes, 20 of the mothers belonging to Edinburgh and 79 whose place of domicile was outwith the city.

A follow-up was attempted at the end of this year of illegitimate children registered as of Edinburgh mothers and born in 1952. Some 391 illegitimate infants were registered in that year. Excluding those who had died since birth and those who had left the city or of whom trace had been lost, 313 remained. Of these, 147 (47 per cent.) were residing in the city with their mothers, the

mothers' parents, or with guardians, a stable home address since birth being a noteworthy feature of these children, 81 (26 per cent.) had been adopted, 19 were in children's homes run by voluntary agencies or by the local authority, 4 were boarded out by the local authority, and 62 (20 per cent.) were the victims of several changes of address during the four years. The frequency of these changes of address is as follows :—

23 had had 3 changes of address

12	„	„	4	„	„	„
11	„	„	5	„	„	„
7	„	„	6	„	„	„
5	„	„	7	„	„	„
1	„	„	8	„	„	„
1	„	„	9	„	„	„
1	„	„	10	„	„	„
1	„	„	12	„	„	„

The long-term care, therefore, of the illegitimate child and his mother requires much thought and consideration, and both local and national enquiries should be conducted to ascertain why a proportion of these cases have such instability of place of residence.

(c) Registered Stillbirths (Tables 11, 12).

Stillbirths registered during the year numbered 176, giving a rate of 23 per 1,000 total births. Table 12 shows the causes of these stillbirths. It will be observed that foetal defects head the list with a rate of 5·9 followed by ill-defined or unknown causes (maceration, asphyxia, etc.) with a rate of 5·6. Ante-partum hæmorrhage and other placental and cord conditions, (*e.g.* prolapse and torsion of cord) constituted the third and fourth groups of causes of stillbirths. A high stillbirth rate such as exists at the present time constitutes one of the most urgent problems facing the obstetricians.

(d) Notified Live and Still Births (Table 2).

The total number of notified births, live and stillborn, was 9,817 of which 9,574 were live born and 243 stillborn. Of this total, 8,486 or 86 per cent. occurred in institutions, and 1,331 or 14 per cent. were domiciliary births. Of the 243 notified stillbirths, 230 occurred in hospitals, 6 in registered maternity homes, 6 were domiciliary with a medical practitioner in attendance and 1 domiciliary with a midwife in attendance.

(e) Infant and Child Deaths (Tables 13-19).

(1) **Infant Deaths.**—The infant mortality rate for the city was 24 per 1,000 live births, one less than last year and 1954, and identical with the rate for 1953 which was a new low record for the city. The number of infants dying under one year of age was 179. Of these deaths, 131 occurred during the first four weeks of life, giving a neonatal mortality rate of 18. Deaths from 1-12 months

numbered 48, giving a postnatal mortality rate of 6. There were 49 deaths during the first day of life, accounting for 28 per cent. of deaths during the whole of the first year, 110 or 62 per cent. under one week, the entire neonatal deaths, numbering 131, accounting for 73 per cent. of the deaths during the first year. Table 18 gives the causes of death during the first year as well as those of children aged 1-5 years.

Of deaths under one year, immaturity occupies first place among the ascribed causes, 38 deaths being so certified, 35 of them taking place during the first week. Congenital anomalies hold second place accounting for 36 deaths, 19 of which occurred during the first week. Postnatal asphyxia/atelectasis and birth injury share third place, each accounting for 20 deaths, while bronchitis/pneumonia, "the friend of the aged" but the enemy of babies, occupied fifth place with 17 deaths.

Fourteen deaths occurred among infants under one year due to suffocation and overlying. The suffocative cases, 12 in number, were ascribed to inhalation of vomited matter, the other 2 cases being true instances of overlying. Repeatedly attention has been called in previous reports to the seriousness of this problem of accidental asphyxia. The other case of an infant under one year classed under the heading of accidents was that of a three months old baby asphyxiated during a fire in the house.

On the subject of prematurity, Drs Cecil M. Drillien and Freda Richmond of the Department of Child Life and Health at Edinburgh University have published the results of their important investigation into prematurity in the city (*Arch. Dis. Childh.* 1956, 31, 390-94). This paper deserves the attention of all working in the field of child health.

(2) **Deaths in age-group 1-5 years.**—Twenty-seven deaths occurred in children of this age group, 10 being due to bronchitis and pneumonia, an indication again of the seriousness of respiratory infection in young children. Five accidental deaths occurred and these are listed as :

Home Accidents (3)

- | | |
|----------------------|---------------------------|
| 1. Male, æt. 1 year | Poisoning. |
| 2. Male, æt. 2 years | Burns from conflagration. |
| 3. Male, æt. 4 years | Burns. |

Accidents out of doors (2)

- | | |
|------------------------|---------------------------|
| 1. Female, æt. 2 years | Drowning in a stream. |
| 2. Male, æt. 3 years | Run-over street accident. |

Of the two deaths from "All other Causes," one occurred in a four-year-old boy who suffered from spastic paralysis, and the other in a similarly aged boy who died from nephroblastoma.

Important studies on child health and mortality have been published from time to time in Holland, and this year a monograph on *Child Mortality in the Netherlands*, by Professor J. H. de Haas has appeared. The study covers a wide field from perinatal mortality to mortality in adolescents.

(f) **Ophthalmia Neonatorum** (Table 20).

Thirteen cases of this condition were notified during the year, and in one case the gonococcus was the causal organism. Four cases occurred in domiciliary births and 9 in hospital. All cases, including the gonococcal, responded rapidly and satisfactorily to treatment.

(g) **Health Supervision** (Table 21).

The number of child welfare clinics operating at the end of the year was 29. In all, 2,852 sessions were held at these clinics and 7,132 infants under one year and 2,895 children aged 1-5 years attended, making altogether a total of 10,027 children under 5 years attending local health authority clinics. The number of attendances made by infants under one year was 51,157 and by 1-5 year olds, 15,647, a grand total of attendances of 66,804, an increase of 2,225 over last year's total. It should be realised that infant welfare clinics are held, under Regional Hospital Board auspices, at the Simpson Memorial Maternity Hospital and the Eastern and Western General Hospitals.

Continued efforts are made by the health visitors to persuade mothers to bring their pre-school children to the clinics for regular supervision, but there is a curious reluctance shown to doing so. Nevertheless, by systematic visitation of these children in their own homes a degree of supervision can be exerted over their physical and mental health.

Dr John Thomson has continued his studies of growth in early childhood, and his latest publications deal with *Growth from Three to Five Years* (*Brit. Jour. Prev. & Soc. Med.* 1956, 10, 128-133), and *Growth Increment in the Fourth Year* (*Med. Off.*, 1956, 95, 303-304). Professor Alan Moncrieff in his Convocation Lecture (1956) has given us a delightful essay on *The Changing Child*.

The following is a list of the existing child welfare clinics in the city run under local health authority auspices, together with their addresses and dates of opening.

1. Abbeyhill—Elsie Inglis Maternity Hospital (1926).
2. Buccleuch—Buccleuch Church Hall, Buccleuch Street (1954).
3. Clermiston—13 Clermiston Place (1956).
4. Corstorphine—Public Hall, Kirk Loan (1950).
5. Cowgate—Livingstone Dispensary, Cowgate (1917, re-organised 1953).
6. Cramond—Cramond Parish Church Hall, Cramond Road South, Davidson's Mains (1952).
7. Firrhill—Oxgangs Road North (1947).
8. Gorgie—McLeod Street (1933).
9. Granton—22 Royston Mains Crescent (1938).
10. High Street—221 High Street (1923).
11. The Inch—Walter Scott Avenue (1954).
12. Leith—23 South Fort Street (1919, transferred to Edinburgh, 1921).
13. Leith Links—5 Links Place, Leith (1953).
14. Lochend—Lochend House, Lochend Road South (1947).
15. Longstone—86 Longstone Road (1955).
16. Moredun—Moredun Park Loan (1953).

17. Niddric—Niddrie Mains Farmhouse, Niddrie Mains Road (1949).
18. Plcasance—Pleasance Trust Buildings, 60 Pleasance (1918, new buildings, 1927).
19. Portobello—5 Rosefield Avenue Lane (1930).
20. Prestonfield—14 Clearburn Crescent (1931).
21. Reid Memorial—Reid Memorial Church Hall, West Savile Terrace, (1954).
22. Sighthill—Health Centre, Calder Road (1953).
23. Southhouse—Burdiehouse Church Hall (1953).
24. Stenhouse—Ford's Road (1935).
25. Stockbridge—69 Henderson Row (1930).
26. Torphichen Street—21 Torphichen Street (1919).
27. West Pilton—2 West Pilton Park (1947).
28. Whitehouse Loan—2 Whitehouse Loan (1951).
29. Windsor Street—29 Windsor Street (1918).

(h) Ultra-Violet Ray Clinics (Table 22).

During the year, 602 sessions were held at those clinics which have sunray lamps installed, and 4,931 attendances were made by 374 children. General practitioners make use of these clinics by referring their young patients to them for courses of ultra-violet rays, and 109 were so referred during the periods when the clinics operate. These periods are October to April, and when the clinics are closed from May to September the opportunity is taken for a thorough inspection and overhaul of the lamps.

(i) Orthopædic Clinic.

The Chief Executive School Medical Officer continues to offer facilities for pre-school children to be referred, with the general practitioners' consents, to the orthopædic surgeon at this clinic situated at 60 Pleasance. Good use is made of these welcome facilities, and in particular we would express our appreciation of the regular reports sent to us from the clinic concerning children referred through the assistant medical officers of the child welfare section.

(j) Vaccinations and Immunisations.

In all, 2,328 successful smallpox vaccinations and 2,473 combined diphtheria/pertussis inoculations in under 5 year old children were carried out by the medical officers of the child welfare section. In addition, under the modified triple antigen scheme, 350 completed inoculations were performed. At the tuberculosis preventorium at Willowbrae House 64 infants were given B.C.G. vaccine during the year. These last were in addition to the large number of such vaccinations carried out at the chest clinic at the Royal Victoria Dispensary.

(k) Day Nurseries (Table 23).

There is little of special interest to report concerning the administration of the day nurseries since the year was normal in most respects. The number of nurseries remained at 14 with 660 places, and the types of case admitted were

The children attending the playgrounds, which were 21 in number at 31st December, are under the regular supervision of the assistant medical officers of the child welfare service. An annual medical inspection is carried out of each child attending the playgrounds and the following is a synopsis of the findings during the present year. The number of children examined was 533.

								%
<i>Head, nits :</i>	...	...	...	...	...	...	16	3
<i>Nutrition :</i>	above average	...	...	...	...	...	53	10
	average	...	...	...	...	...	456	85.5
	below average	...	...	...	...	...	24	4.5
<i>Teeth :</i>	sound	...	...	...	...	...	400	75
	1-4 decayed	...	...	...	...	...	86	25
	4+ decayed	...	...	...	...	...	37	
	Oral sepsis	...	...	...	...	...	10	
<i>Tonsils :</i>	enlarged, requiring observation	...	...	...	...	...	186	35
<i>Tonsillar glandular enlargement</i>	...	...	...	...	...	...	57	11
<i>Posterior cervical glandular enlargement</i>	...	...	...	...	...	...	5	1
<i>Nasal obstruction, requiring observation</i>	...	...	...	...	...	...	80	15
<i>Otitis Media</i>	...	...	...	...	...	...	15	3
<i>Visual Disturbances</i>	...	...	...	...	...	...	14	3
<i>Speech disorders or defects</i>	...	...	...	...	...	...	3	0.5
<i>Knock-knees</i>	...	...	...	...	...	...	22	4
<i>Congenital anomalies</i>	...	...	...	...	...	...	2	0.4
<i>Vaccinated against smallpox</i>	...	...	...	...	...	...	482	90
<i>Immunised against diphtheria</i>	...	...	...	...	...	...	533	100

A noticeable feature of these inspections is the increasing awareness of parents of the benefits accruing from regular attendance at the dentist by their children. Many of the mothers take their children to private dental surgeons in preference to the school dental clinics where arrangements have been made for inspection and treatment of the teeth of pre-school children under the priority dental scheme for such age-group.

Information regarding toddlers' playgrounds may be obtained from the Organising Secretary of the Association, Dr Margaret M. Brotherston, M.B.E., 9a Abbotsford Crescent, Edinburgh, 10 (Tel. Edinburgh 54912) or from the Child Welfare Medical Officer, Public Health Chambers, Johnston Terrace, Edinburgh, 1 (Tel. CAL. 4471).

(p) Welfare Foods Distribution (Table 27).

At the beginning of the year there were 38 centres in operation for the distribution of Welfare Foods. In March the centre at Southfield was closed because of the low uptake there, and in April the centre at The Gateway, Elm Row, was shut down and distribution transferred to the centre already operating at the child welfare clinic at Windsor Street. Two new centres were opened, one at Piershill in April and one at the child welfare clinic at Clermiston in October. Thus the number of centres used for the distribution of the foods was 38. At 21 centres, the W.V.S. are responsible for providing staff, the

Health Department provides staff at 15 centres, and at 2 centres the duties are shared. At 2 centres, at Reid Memorial Church Hall and at Southhouse, distribution takes place once a fortnight, at the headquarters at the Grassmarket and at 23 South Fort Street, Leith, distribution is daily, including Saturday mornings, while at the remaining 34 centres, distribution sessions are provided once weekly. The following are the centres at present in operation :

1. Abbeyhill—29 Windsor Street.
2. Blackford—Reid Memorial Church Hall.
3. Blackhall—Recreation Association Hall, Queensferry Road.
4. Bruntsfield—Bruntsfield Church Hall, Leamington Terrace.
5. Clermiston—13 Clermiston Place.
6. Corstorphine—Scout Hall, Kirk Loan.
7. Dalry and Gorgie—Child Welfare Clinic, McLeod Street.
8. Davidson's Mains—Cramond Parish Church Hall, Cramond Road South.
9. Duddingston—Duddingston School.
10. Fountainbridge—Hopetoun Court, Fountainbridge.
11. Firrhill—Child Welfare Clinic, Oxbgangs Road North.
12. Gilmerton—Limefield Hall, Main Street, Gilmerton.
13. Haymarket—Child Welfare Clinic, 21 Torphichen Street.
14. Inch—Child Welfare Clinic, Walter Scott Avenue.
15. Juniper Green—Juniper Green School.
16. Liberton—Offering House, Kirkgate, Liberton.
17. Loehend—Child Welfare Clinic, Loehend Road South.
18. Leith (East)—Child Welfare Clinic, 5 Links Place.
19. Leith (Central)—Child Welfare Clinic, 23 South Fort Street.
20. Longstone—Child Welfare Clinic, 86 Longstone Road.
21. Moredun—Child Welfare Clinic, Moredun Park Loan.
22. Muirhouse—Community Centre, Pennywell Grove.
23. Morningside—South Morningside School.
24. Newington—Nelson Hall, Spittalfield Crescent, St Leonard's Street.
25. Niddrie Mains—Child Welfare Clinic, Niddrie Mains Farmhouse.
26. Piershill—Restalrig Church Hall, Portobello Road.
27. Pleasance—60 Pleasance.
28. Portobello—Child Welfare Clinic, Rosefield Avenue Lane.
29. Prestonfield—University Settlement, Cameron House Avenue.
30. Royston Mains—Child Welfare Clinic, 22 Royston Mains Crescent.
31. Sighthill—Health Centre, Calder Road.
32. Southhouse—District Nurses Home, Southhouse Farm House.
33. Stenhouse—Child Welfare Clinic, Ford's Road.
34. Stockbridge—Child Welfare Clinic, 69 Henderson Row.
35. West Pilton—Child Welfare Clinic, 2 West Pilton Park.

Hospitals

36. Simpson Memorial Maternity Hospital—Royal Infirmary.
37. Western General Hospital—Crewe Road South.

Headquarters.

38. Old Corn Exchange, Grassmarket.

Reference to Table 27 shows that there has been a drop over the year in the number of tins of National Dried Milk issued. This reduction in the number of tins issued affected both the distribution to the general public and to nurseries, hospitals, etc. The total number of tins given out this year was 197,065 compared with 205,683 last year, giving a monthly average issue of 16,422 tins compared with 17,140 in 1955. This reduction in the distribution of dried milk is not unexpected as there is an impression of an increasing amount of breast feeding again. Cod liver oil issues also showed a fall from 67,414 bottles last year to 60,009 this year. Some of this reduction is unquestionably due to the present uncertainty regarding the possible association of Vitamin D and hypercalcaemia in infants. Many doctors advise mothers against the use of cod liver oil compound when the infant is already being fed on National Dried Milk which, of course, is fortified with Vitamin D. Others again advise on the reduction of the daily dose of the oil from the recommended one teaspoonful to a half teaspoonful.

Issues of orange juice and of Vitamin A and D tablets have increased this year and it is encouraging that mothers are taking advantage of the tablets for themselves both during and after pregnancy. In 1955, 23,510 packets of A and D tablets were issued, while this year the uptake was 24,786 packets. In 1955, some 340,639 bottles of orange juice were distributed compared with 355,078 this year.

There is therefore an appreciation by the public of the benefit of these vitamin preparations both for the expectant and nursing mother and the young child, but a diminishing quantity of cod liver oil compound issued each year is likely to continue until an authoritative statement can be made about the relationship between Vitamin D and hypercalcaemia of infants.

(q) Infant Feeding Centre.

Since 1951, the Health Committee has provided an infant feeding centre at Portobello to allow of mothers of young infants spending the day on the beach there having facilities to breast feed or prepare artificial feeds for their infants. The centre, situated at the British Legion Hall, Tower Street, was open daily, Sunday included, from 12 noon to 5.30 p.m. from 2nd to 31st July inclusive. A home help was in attendance and a daily supervisory visit was paid by the health visitor for the area. The number of mothers taking advantage of the facilities offered was 288. This was 206 fewer than for the similar period in 1955 but the reduction in the mothers attending can be accounted for by the bad weather experienced during this July.

(III) DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

(Table 28)

The number of expectant mothers who attended the school dental clinics, at which facilities are offered for free dental care, was only 90, a reduction of 57 over those attending last year. All these women required treatment and all received it. Of nursing mothers, 150 attended, all required treatment and all

received it. This number showed a slight increase, 14, over that for 1955. Some 1,020 pre-school children were referred for dental examination and 1,016 were found to be in need of treatment and 1,013 actually were treated. The youngest patient was only two weeks old and a lower incisor had erupted a few days after birth. The tooth was removed and a second tooth had to be dealt with three weeks later !

Comment has already been made about the increasing awareness of parents of the necessity for seeking dental care for their children. The figures show that those children seen by the dental surgeons for the most part require some form of dental treatment and we have not yet, in spite of continued efforts, been able to persuade parents of the value of regular routine dental inspection. Too often some decay has set in before the parent will seek help for the child, and when something has gone wrong with the child's teeth there is little sign of reluctance in taking him to the dentist. There still exists a prejudice, too, against dental treatment during pregnancy, but a much greater willingness is manifest by nursing mothers to have dental care.

(IV) HOMES FOR MOTHERS AND BABIES PROVIDED BY VOLUNTARY ASSOCIATIONS (Table 29).

The Health Committee does not provide any residential accommodation for unmarried mothers and their babies, but three voluntary organisations are active in this field and carry out magnificent work. Indeed, this is a field of social service and endeavour in which voluntary agencies play generally a notable part, and it is hoped will long continue to do so.

(a) Edinburgh Home for Mothers and Babies, 17 Claremont Park, Leith, Edinburgh, 6.

This home has a complement of 12 beds and 12 cots. Mothers may enter the home during pregnancy but all go into hospital for confinement, returning with their infants to the home for variable periods. During the year 24 mothers were admitted to the home.

(b) Haig Ferguson Memorial Home, 4 Lauriston Park, Edinburgh, 3.

Accommodation in this home consists of 9 beds, 4 for ante-natal cases and 5 for post-natal cases. There are also 5 cots. The mothers have their confinements in the Simpson Memorial Maternity Hospital. A proportion of the mothers return to the home with their infants and stay for short periods. Some 46 mothers were admitted during the year.

(c) Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road, Edinburgh, 12.

Unmarried mothers are admitted to this home during the ante-natal period when they come under the care and supervision of the medical officer to the home. After the confinements, most of which take place in the home, the

mothers remain with their infants, often for a few months. There is accommodation for 7 ante-natal and 17 post-natal cases and there are 24 cots. During the year 42 mothers were admitted.

Over the year in these homes there were 112 admissions (ignoring re-admissions after confinement in hospitals).

(V) HEALTH VISITING (Table 30).

(a) The health visitor staff has made commendable efforts to overtake the steadily increasing volume of work thrust upon them. As at 31st December, the staff consisted of a supervisor, assistant supervisor, and 59 health visitors, in addition to a health visitor tutor solely concerned with the course of training for the health visitor's certificate.

For the year 7,244 first visits were paid to infants under one year of age in their own homes for purposes of health supervision by the health visitors and health visitor students in training. This shows an increase of 533 in the number of visits over last year's figure. Subsequent visits to infants under a year numbered 38,450, making 45,694 in all to infants of this age period—an increase of 957 visits. Further, 69,832 first and subsequent visits were paid to children aged 1-5 years, a total of 115,526 visits to children from birth to 5 years, an increase of 11,293 visits over last year's figure. Visits to expectant mothers numbered 3,563, and those to cases of elderly persons, accidents, infectious disease, etc., numbered 11,147. Thus, 130,236 visits in all were paid for all purposes by the health visitors over the year, an increase of 13,732 over the total visits during 1955. Waste visits not included in these figures amounted to 23,598.

A recent survey carried out among the health visitor staff on the amount of time spent in clinics and in home visitation showed that 20 per cent. of their time was spent in the former and 80 per cent. on home visits.

(b) Prevention of Break-up of Families.

Much has recently been written on the part to be played by the health visitor in the prevention of the break-up of families. Many writers on this subject have failed to realise that this has always been an important duty of the health visitor and her success in this field has tended to be overshadowed by the reports of cases where she, and others, whether individually or in concert, have failed to prevent a break-up. While not denying that this break-up does occur too often, the following four examples, chosen at random, do show that the health visitor by her persistence does achieve much unrecognised success.

(1) Family of father, mother and 3 children aged 8, 3 and $1\frac{1}{2}$ years respectively. Father self-employed. Family happy till just prior to the birth of second child when mother sensed something wrong, father coming home late at night and often drunk. It transpired that he was associating with another woman. The health visitor by constant encouragement and friendly visits to the mother and after discussing with the father the effect of his actions on his wife and children finally succeeded in holding the family together, though not until after continuous effort.

(2) Family of father, mother, and seven children, eldest aged 15½ years, youngest 2 years. Father was lazy and in spite of a good wage would not give his wife sufficient to maintain household on food and other necessities. Consequently things were reduced in the home to the barest minimum. Parental quarrels were frequent, the wife often threatening to leave her husband, but the health visitor seemed always able to patch things up, though only temporarily. These upsets and difficulties lasted from 1950 till 1955, when, after what seemed the final break, the health visitor was able at last to get the father to see reason, and he became even generous in his allocation of household money, and he now works harder. He takes a lively interest in his home, wife and children, and has agreed to family limitation. At present the family seems firmly settled and happy.

(3) Family of father, mother, four children, one, a girl, being a child of the father from a previous marriage. For all practical purposes, it was the fairy story of the stepmother and the girl with all its unpleasantness and unhappiness for all concerned. After four years of constant effort the health visitor was able to effect a full reconciliation and she now describes the association of the girl, a young teen-ager, and her stepmother as "real pals."

(4) Family of father, mother and five children whose ages range from 7 years to 1 year. Mother unable to budget adequately and finding her husband's allowance plus family allowances insufficient for the family needs, went out to work in the early evenings before the father returned from his work, leaving the children unattended for several hours, often with the father returning home drunk. Heavy family debts were incurred in spite of the added income from the mother's work. In association with the representative of a voluntary organisation, the health visitor and the social worker after much persuasion got the mother to give up her work. The present situation is that the mother is at home with the children, and, though thoughtless in some of her spending, debts are steadily being paid off, the children are being properly cared for and adequately fed and a happier atmosphere pervades the home.

In a recent survey of a somewhat limited nature, in that it was carried out by only three health visitors working in widely differing areas and covering but 300 families, it was found that in only two instances was there a multiplicity of visitors to the households, and in both instances each of these workers knew what the others were doing and their activities were therefore co-ordinated to a considerable extent. In a further 9 families two visitors visited each of the homes, a health visitor and a representative of a voluntary body. In these eleven instances contact was maintained among the visitors by personal meeting or by telephone.

(c) Health Visitor's Training Course.

Twenty-eight students who commenced training in October, 1955, were successful in passing the examination for the Health Visitor's Certificate of the Royal Sanitary Association of Scotland in April this year. In October, twenty-nine students commenced training.

The present training course consists of a series of lectures and classes correlated with practical work and visits of observation. Students come to train in

Edinburgh from all over the United Kingdom. Each year more nurses already carrying out some public health duties, for example, in the case of district nurses doing combined work, are coming forward for training. This is a promising trend, as it shows that the need for adequate training in the preventive field is appreciated.

Practical work includes experience on many types of district with health visitors in the sphere of child welfare, school health, tuberculosis, care of the elderly, accident prevention and others. Each year the visits of observation are adjusted to meet the changing needs of training. Lectures cover a wide field ranging from social legislation to health teaching.

The continual help and encouragement received from the health visitors, lecturers and others concerned in the training of the students is much appreciated by the students themselves and by the health visitor tutor. Students complete the course with a much broader outlook on preventive and social medicine than they have ever achieved before.

The publication in June of the long awaited report of the Working Party on the field of work, training and recruitment of health visitors has stimulated discussion and action. It is to be hoped that the next course of training, commencing in October, 1957, will be lengthened to nine months, as is recommended in the report.

(VI) BREAST FEEDING IN EDINBURGH, 1951 and 1954.

In the report for 1950, a synopsis of a series of surveys into the incidence of breast feeding among Edinburgh infants, 1939-1947, was given. A further survey was carried out in 1951 and again in 1954. The infants were followed up for a period of at least nine months and information was obtained on the type of feeding adopted when the infants were aged 2 weeks, 3 months, 6 months and 9 months. Table 1 shows the number of infants visited in connection with these surveys.

TABLE 1

	1951	1954
Registered surviving infants	7,157	7,071
Number followed up	6,053	5,690
% followed up	84.6	80.4

Table 2 shows the percentage distribution of the type of feeding adopted at the intervals mentioned.

TABLE 2.

	Breast Only		Breast + Com- plementary		Artificial Only	
	1951	1954	1951	1954	1951	1954
At 2 weeks ...	69	64	13	11	18	25
At 3 months ...	36	32	9	6	55	62
At 6 months ...	5	4	31	23	64	73
At 9 months ...	0.6	0.5	0	0	99.4	99.5

These figures show that there is a lower incidence of breast feeding at both 2 weeks and 3 months in 1954 compared with 1951. At 6 months when, in the majority of cases, weaning has commenced or even been completed, the figures regarding breast feeding only are similar. Indeed most of those included as being artificially fed at this age, have, in fact, been completely weaned from the breast. This is a pointer to the modern trend towards earlier weaning. In 1951, some 31 per cent. of infants were in process of weaning at 6 months compared with 23 per cent. in 1954. The number of babies still fed only at the breast by the age of 9 months in both years was negligible.

In 1954, the reasons, in order of occurrence, given for failure to breast feed at all, or for very early weaning on to an artificial feed, were : failed lactation, both real and alleged ; no satisfactory reasons ; unwillingness by mother to breast feed ; infant apparently not satisfied or refusing to feed at the breast ; illness or unfitness of the mother ; family difficulties, such as mother working, financial and other domestic upsets ; broken nipples ; breast abscess ; prolonged stay of infants in hospital after birth, mainly involving prematures ; poorly developed nipples ; a miscellaneous group comprising twin birth, previous breast abscess with no attempted breast feeding, infant admitted to hospital, infant to be adopted, menstruation returned, bloody discharge from nipple.

National Dried Milk was the commonest feed used among the artificially fed infants, accounting for 73 per cent. of instances, followed by cow's milk and water mixtures, 21 per cent., and proprietary brands of dried milk or evaporated milk, 6 per cent.

(VII) MISCELLANEOUS.

The medical officers of the section still undertake the medical supervision of the children attending the day nurseries and toddlers' playgrounds, and, on behalf of the Child Welfare Medical Officer, give general medical care to the children living in the residential nurseries, tuberculosis preventorium, and to the children in the children's homes administered by the Children Committee. A close association exists with the School Health Service, including the School Dental Service, and with the Children Department. Advisory medical duties to the Scottish Association for the Adoption of Children continue to be carried out by the Child Welfare Medical Officer.

ACKNOWLEDGMENTS.

My grateful thanks are extended to all the members of the section for their unremitting work, and it is to them that the successful accomplishments of the child welfare service are due. I am also grateful to my colleagues in other sections of the Public Health Department for their ready help in mutual problems. A special word of thanks must also be accorded to the still strong and enthusiastic group of voluntary workers who help in the many activities of the child welfare service.

TABLE 1.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority	1	—
Number of clinics at end of year provided by voluntary bodies	—	—
Total number of women who attended at the clinics during the year ...	207	53

TABLE 2.—MIDWIFERY SERVICE.

I. Total number of births notified—

(i) Live : Institutional	8,250	
Domiciliary	1,324	
		9,574
(ii) Still : Institutional	236	
Domiciliary	7	
		243
		9,817

II. Total number of births in (I.) occurring in institutions—

Simpson Memorial Maternity Pavilion	3,558	
Elsie Inglis Maternity Hospital	1,732	
Eastern General Hospital	1,394	
Western General Hospital	1,369	
Nursing Homes	429	
Others	4	
		8,486

III. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—

(i) *National Health Service (Scotland) Act, 1947*

(a) Doctor engaged and present at confinement	987	
(b) Doctor engaged but not present at confinement	313	
(c) Midwife alone (no doctor engaged)	15	
(d) Doctor alone (no midwife engaged)	1	
		1,316

(ii) *Other cases*

(a) Doctor engaged	11	
(b) Midwife alone (no doctor engaged)	—	
(c) Without doctor or midwife	4	
		15
		1,331
		9,817
		9,817

TABLE 3.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified	23	
Number of cases of puerperal pyrexia confirmed	14	
Number subsequently developing into puerperal fever		9
Number of cases of puerperal fever notified	3	
Number of cases diagnosed as puerperal pyrexia	1	
Number of cases of puerperal fever confirmed		2
		—
Total number of cases of confirmed puerperal pyrexia	15	
Total number of cases of confirmed puerperal fever		11
		—

TABLE 4.—DEATHS and AGE at DEATH of CONFIRMED CASES of PUERPERAL FEVER.

NONE

TABLE 5.—AGES of PATIENTS suffering from PUERPERAL FEVER.

15 years and under 20 years	1
20 years and under 25 years	4
25 years and under 30 years	3
30 years and under 35 years	1
35 years and under 40 years	2
40 years and over	0
	—
TOTAL	11
	—

TABLE 6.—MATERNAL DEATHS.

CAUSES OF DEATH	Age at Death							Total
	15-20	20-25	25-30	30-35	35-40	40-45	45+	
Puerperal sepsis ...	—	—	—	—	—	—	—	—
Toxæmia ...	—	—	—	—	—	—	—	—
Hæmorrhage ...	—	—	—	—	1	—	—	1
Embolism ...	—	—	—	—	—	—	—	—
Other Conditions ...	—	2	1	—	—	—	—	3
	—	2	1	—	1	—	—	4

TABLE 7.—MATERNAL DEATHS, 1953-1956.

NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1953		1954		1955		1956	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia ...	—	—	—	—	—	—	—	—
Toxæmia ...	2	0·3	—	—	—	—	—	—
Hæmorrhage ...	2	0·3	—	—	—	—	1	0·1
Embolism ...	—	—	—	—	—	—	—	—
Other Conditions ...	1	0·1	1	0·1	2	0·3	3	0·4
	5	0·7	1	0·1	2	0·3	4	0·5

TABLE 8.—MATERNAL MORTALITY.

RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
1947	10,133	1	0·1	9	1·0	10	1·0	2	0·2	10	1·0	12	1·2
1948	8,074	5	0·6	9	1·0	14	1·6	2	0·2	13	1·5	15	1·7
1949	8,357	1	0·1	1	0·1	2	0·2	—	—	4	0·5	4	0·5
1950	7,864	1	0·1	4	0·5	5	0·6	—	—	5	0·6	5	0·6
1951	7,557	3	0·4	4	0·5	7	0·9	2	0·3	6	0·8	8	1·1
1952	7,324	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1953	7,404	2	0·3	3	0·4	5	0·7	—	—	5	0·7	5	0·7
1954	7,414	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1
1955	7,305	—	—	—	—	—	—	—	—	2	0·3	2	0·3
1956	7,043	—	—	2	0·3	2	0·3	—	—	4	0·5	4	0·5

TABLE 9.—Particulars regarding BIRTHS after necessary corrections have been made for transfers.

	Total Live Births	Legitimate	Illegitimate	Illegitimate Births per cent. of Live Births
1st Quarter 1952	1,768	1,689	79	4.5
2nd " 	1,890	1,787	103	5.4
3rd " 	1,791	1,684	107	6.0
4th " 	1,680	1,578	102	6.1
Year 1952	7,129	6,738	391	5.5
1st Quarter 1953	1,823	1,745	78	4.3
2nd " 	1,982	1,862	120	6.1
3rd " 	1,754	1,657	97	5.5
4th " 	1,682	1,598	84	5.0
Year 1953	7,241	6,862	379	5.2
1st Quarter 1954	1,853	1,751	102	5.5
2nd " 	1,945	1,837	108	5.6
3rd " 	1,770	1,679	91	5.1
4th " 	1,688	1,603	85	5.0
Year 1954	7,256	6,870	386	5.3
1st Quarter 1955	1,842	1,753	89	4.8
2nd " 	1,883	1,788	95	5.0
3rd " 	1,639	1,550	89	5.4
4th " 	1,764	1,679	85	4.8
Year 1955	7,128	6,770	358	5.0
1st Quarter 1956	1,953	1,869	84	4.3
2nd " 	1,898	1,800	98	5.2
3rd " 	1,853	1,758	95	5.1
4th " 	1,763	1,680	83	4.7
Year 1956	7,467	7,107	360	4.8

TABLE 10.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	Edin- burgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
1947	22.0	23.3	20.3	23.1	21.9	22.5	23.8	23.7	21.5
1948	19.4	20.2	17.2	19.8	19.1	18.9	21.2	21.2	21.1
1949	18.5	19.0	16.7	18.7	17.5	18.5	20.9	20.5	23.2
1950	17.9	18.4	15.7	17.8	17.2	17.4	20.1	18.7	22.4
1951	17.7	18.4	15.7	17.6	16.5	17.1	20.4	17.3	22.7
1952	17.7	18.7	15.0	17.7	16.5	17.0	18.6	18.6	22.5
1953	17.8	18.7	15.4	17.9	16.6	17.5	20.0	19.4	21.6
1954	18.0	19.4	15.5	18.1	17.4	17.7	20.6	18.8	21.9
1955	18.0	19.4	15.2	17.5	17.2	18.7	20.5	19.6	21.5
1956	18.5	20.2	16.0	19.2	17.5	19.5	20.9	20.4	21.4

TABLE 11.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES
(per 1000 Total Births, Live and Still), 1947–1956.

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1947	263	26	3,563	31
1948	254	29	2,966	29
1949	203	24	2,666	27
1950	190	24	2,558	27
1951	204	27	2,470	27
1952	195	27	2,430	26
1953	163	22	2,307	25
1954	158	21	2,399	25
1955	177	24	2,331	25
1956	176	23	2,329	24

TABLE 12.—STILL-BIRTHS, 1956.

Cause	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1,000 Total Births
Acute and Chronic Disease in mother	2	1	1	1	5	0·7
Toxæmias	—	1	3	2	6	0·8
Ante-partum Hæmorrhage	7	9	10	5	31	4·0
Other Placental and Cord Conditions	8	7	8	7	30	3·9
Fœtal Defects	11	12	9	13	45	5·9
Difficult Labour	6	4	1	1	12	1·6
Other defined causes	3	—	1	—	4	0·5
Ill-defined or unknown causes ...	10	10	12	11	43	5·6
All Causes	47	44	45	40	176	23·0

TABLE 13.—EDINBURGH—NEO-NATAL MORTALITY.
RATES PER 1000 LIVE BIRTHS.

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
1914	28·6	6·5	5·7	2·9	44	110
1915	26·5	7·2	6·1	4·1	44	132
1916-20	27·7	5·4	4·4	4·5	42	105
1921-25	23·0	4·3	4·5	3·2	35	91
1926-30	22·8	3·7	3·6	1·9	32	75
1931-35	23·6	3·4	2·7	2·3	32	68
1936-40	23·9	5·0	3·6	2·5	35	65
1941-45	21·5	3·3	1·4	1·8	28	55
1946	19·1	3·8	1·4	1·7	26	52
1947	16·9	2·1	2·4	1·3	23	49
1948	15·3	2·1	1·2	0·6	19	34
1949	15·7	1·2	1·0	1·0	19	32
1950	14·9	1·4	1·2	0·7	18	29
1946-50	16·4	2·1	1·4	1·1	21	39
1951	13·7	1·9	1·0	0·1	17	27
1952	14·9	2·5	0·4	1·0	19	29
1953	12·8	1·1	1·1	0·6	16	24
1954	16·7	1·1	0·7	0·1	19	25
1955	15·0	1·8	0·4	0·4	18	25
1951-55	14·6	1·7	0·7	0·4	18	26
... ..	14·7	1·9	0·5	0·4	18	24

TABLE 14.—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Premature Birth	Injury at Birth	Congenital Malformation	Diarrhœa and Enteritis
1914	17.0	1.4	3.1	0.5
1915	18.3	0.2	2.4	0.7
1916-20	20.4	0.9	2.4	0.3
1921-25	17.2	0.9	2.9	0.8
1926-30	15.8	2.7	2.8	0.3
1931-35	14.3	3.7	1.9	0.5
1936-40	13.1	5.1	2.9	1.2
1941-45	11.6	2.8	3.7	1.2
1946	10.7	1.6	3.2	0.6
1947	9.1	2.4	3.5	1.0
1948	4.8	3.0	3.0	0.2
1949	5.4	3.3	3.0	—
1950	4.7	3.5	2.7	0.1
1946-50	7.3	2.8	3.1	0.4
1951	2.9	3.9	2.4	—
1952	4.6	1.1	3.5	—
1953	3.7	2.5	2.9	0.1
1954	5.1	3.3	3.3	0.1
1955	5.8	2.2	3.9	—
1951-55	4.4	2.6	3.2	—
1956	5.1	2.7	3.1	—

TABLE 15.—EDINBURGH—INFANT MORTALITY RATES (deaths under ONE YEAR per 1000 Live Births).

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1880	143	1900	132	1920	89	1940	68
1881	128	1901	143	1921	P96	1941	66
1882	121	1902	119	1922	91	1942	56
1883	128	1903	117	1923	82	1943	54
1884	135	1904	125	1924	89	1944	51
1885	120	1905	124	1925	96	1945	50
1886	136	1906	112	1926	80	1946	52
1887	137	1907	121	1927	80	1947	49
1888	128	1908	R114	1928	75	1948	34
1889	133	1909	113	1929	80	1949	32
1890	144	1910	103	1930	82	1950	29
1891	138	1911	115	1931	69	1951	27
1892	135	1912	110	1932	73	1952	29
1893	148	1913	101	1933	66	1953	24
1894	125	1914	110	1934	62	1954	25
1895	152	1915	132	1935	70	1955	25
1896	122	1916	100	1936	68	1956	24
1897	164	1917	T123	1937	70		
1898	*141	1918	94	1938	61		
1899	147	1919	Y117	1939	59		

* Sanitary Department formed 1898. P City Boundaries extended. R Voluntary Visiting in Homes.
T Child Welfare Department formed May, 1917. Y Reflection world influenza epidemic, 1918-1919.

TABLE 16.—INFANT AND NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

(QUINQUENNIAL AVERAGES.)

	Births		Neo-natal Deaths		Deaths 1-12 months		Deaths Under 1 year	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1916-20	5,775	18.1	239	42	356	63	525	105
1921-25	8,542	20.1	303	35	474	56	777	91
1926-30	7,516	17.3	242	32	352	47	524	79
1931-35	7,037	15.6	224	32	254	36	478	68
1936-40	7,309	16.0	253	35	224	31	477	65
1941-45	7,439	15.8	209	28	201	27	410	55
1946-50	8,693	17.9	185	21	164	19	349	40
1951	7,353	15.7	123	17	73	10	196	27
1952	7,129	15.0	134	19	72	10	206	29
1953	7,241	15.4	113	16	64	8	177	24
1954	7,256	15.5	135	19	50	6	185	25
1955	7,128	15.2	126	18	53	7	179	25
1951-55	7,221	15.4	126	17	62	9	189	26
1956	7,467	16.0	131	18	48	6	179	24

TABLE 17.—INFANT AND NEO-NATAL MORTALITY RATES.

Year	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen
1947	56	77	49	70	64	29	35	23	33	26
1948	45	56	34	47	34	25	29	19	19	20
1949	41	49	32	44	30	23	24	19	29	16
1950	39	44	29	50	29	23	25	18	29	17
1951	37	46	27	41	27	22	25	17	25	18
1952	35	41	29	31	30	19	28	19	20	18
1953	31	36	24	32	27	19	22	16	20	19
1954	31	35	25	33	22	21	21	19	23	15
1955	30	36	25	36	21	20	23	18	21	11
1956	29	33	24	31	22	19	21	18	20	14

TABLE 18.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1956.

Cause of Death	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Tuberculosis Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis— Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	1	—	1	2	—	—	—	—	—	2
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	1	—	—	1	1	—	—	—	1	2
Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	1	2	—	—	3	3
Other Infectious and Parasitic Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (other forms)	—	1	—	—	1	—	—	—	1	2	—	—	—	—	—	2
Influenza ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Pneumonia ...	5	—	—	1	6	3	4	—	—	13	2	1	1	1	5	18
Bronchitis ...	—	—	—	—	—	1	1	—	2	4	3	—	—	—	5	9
Other Respiratory Diseases	—	1	—	—	1	3	—	—	—	4	—	—	—	—	—	4
Intestinal obstruction and Hernia	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	2	—	—	—	2	—	—	1	—	1	3
Other Digestive Diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Hydrocephalus ...	1	—	—	—	1	—	—	1	—	2	—	—	—	—	—	2
Congenital Heart ...	2	2	—	2	6	2	—	—	—	8	1	—	—	—	1	9
Other Congenital Malformations	16	4	3	—	23	2	1	—	—	26	2	—	1	—	3	29
Injury at Birth ...	18	2	—	—	20	—	—	—	—	20	—	—	—	—	—	20
Post-natal Asphyxia and Atelectasis	20	—	—	—	20	—	—	—	—	20	—	—	—	—	—	20
Other Infections of New-born ...	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Other Diseases of early infancy ...	12	—	—	—	12	1	—	—	—	13	—	—	—	—	—	13
Immaturity ...	35	3	—	—	38	—	—	—	—	38	—	—	—	—	—	38
Accidents:— Suffocation ...	—	—	—	—	—	5	6	—	1	12	—	—	—	—	—	12
Overlying ...	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	2
Out of Doors ...	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	2
Other ...	—	—	—	—	—	—	1	—	—	1	1	1	—	1	3	4
All Other Causes ...	1	—	—	—	1	2	1	1	1	6	—	—	—	2	2	8
Totals ...	110	14	4	3	131	23	17	2	6	179	12	7	4	4	27	206

TABLE 19.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)				
	1952	1953	1954	1955	1956
1. St Giles	35	32	45	34	30
2. Holyrood	28	23	25	22	30
3. George Square	34	12	35	—	31
4. Newington	29	30	27	18	20
5. Liberton	31	26	20	31	29
6. Morningside	12	21	30	31	6
7. Merchiston	26	16	28	42	5
8. Colinton	27	13	13	31	19
9. Sighthill	25	13	24	32	13
10. Gorgie-Dalry	12	11	29	14	28
11. Corstorphine	39	25	14	9	24
12. Murrayfield and Cramond	20	6	11	22	20
13. Pilton	34	36	25	24	33
14. St Bernard's	35	27	19	23	16
15. St Andrew's	22	31	27	3	18
16. Broughton	34	29	11	47	26
17. Calton	39	24	32	10	31
18. West Leith	37	22	29	24	24
19. Central Leith	26	41	20	26	35
20. South Leith	26	27	19	44	30
21. Craigmillar	27	22	38	41	36
22. Portobello	15	20	15	16	7
23. Craigmillar	45	23	38	24	21
City Rate ...	29	24	25	25	24

TABLE 20.—OPHTHALMIA NEONATORUM. The interval in days between the Birth of the Child and the onset of the disease.

Days	1	2	3	4	5	6	7	8	9	10	11-21 days	No particulars	Total
Cases	2	1	2	—	1	2	2	—	—	—	3	—	13

Treatment was given :—

							Cases
At home	...	...	...	...	...	...	4
In hospital	...	...	...	...	...	...	9
							—
TOTAL	...	...					13
							—

TABLE 21.—CHILD WELFARE CLINICS.

(i) Number of clinics at end of year provided by local health authority	...	29
(ii) Number of clinics provided by voluntary bodies at end of year	...	—
(iii) Total number of children under 5 years of age who attended at the clinics during the year—		
(a) under 1 year of age	... ..	7,132
(b) over 1 year of age	... ..	2,895
		<u>10,027</u>
(iv) Total number of attendances made by children during the year—		
(a) under 1 year of age	... ..	51,157
(b) over 1 year of age	... ..	15,647
		<u>66,804</u>

TABLE 22.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—602.

Total number of attendances made by children under 5 years of age during the year—

	First Attendances	Subsequent Attendances	Total
(a) under 1 year of age	12	104	116
(b) over 1 year of age	362	4,453	4,815
	<u>374</u>	<u>4,557</u>	<u>4,931</u>

TABLE 23.—DAY NURSERIES.

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar ...	50	53	13,515	10,101	75
Dean ...	30	35	8,925	7,184	80
Dumbiedykes ...	30	33	8,415	6,150	73
Gilmore Place ...	40	39	9,945	7,839	79
Granton ...	60	56	14,280	10,703	75
Lochend ...	30	30	7,650	5,571	73
Niddrie ...	45	45	11,475	9,108	79
Pilrig ...	40	39	9,945	8,168	82
St Kentigern's ...	80	71	18,105	13,226	73
South Fort Street...	60	59	15,045	10,507	70
Stenhouse ...	50	49	12,495	9,039	72
Tollcross ...	30	35	8,925	7,308	82
Victoria Park ...	65	66	16,830	12,739	76
West Pilton ...	50	52	13,200	10,538	79
	660	662	168,810	128,181	76

TABLE 24.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.

(a) MAINTAINED BY THE LOCAL AUTHORITY.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1956		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House 	Short-stay	16	—	—
MATERNITY AND CHILD WELFARE DEPARTMENT				
St Helen's, 7 West Coates 	"	15	15	—
Viewforth Nursery, 22 Viewforth Terrace ...	"	15	—	—
Henderson Row Nursery, 73 Henderson Row	"	15	—	—
CHILDREN'S DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton 	Either	40	—	—
Clerwood Children's Home, Clermiston Road, Corstorphine 	"	38	—	—
Canaan Lodge Children's Home, Canaan Lane	"	—	26	54
Redhall Children's Home, Craiglockhart Drive South 	"	—	—	40

(b) MAINTAINED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1955		
		Aged 0-2	Aged 2-5	Others
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road	Long-stay	—	—	22
Edinburgh Home for Babies, "Avenel," 30 Colinton Road	Either	24	1	—

TABLE 25.—NURSERIES AND CHILD-MINDERS

REGULATION ACT, 1948.

	No. of applications received	Number of Certificates				No. of children being cared for at end of year	No. of inspections made	No. of cases in which no inspection made
		Issued	Refused	Cancelled	In force at end of year			
1. Nursery premises ...	1	1	—	—	4	97	9	—
2. Child-minders ...	1	2	—	—	5	81	8	—

TABLE 26.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Fountainbridge ...	23	18	Yardheads, Leith ...	36	31
Pleasance	29	20	Boswall Parkway ...	40	29
Stockbridge	24	15	Granton	40	31
Tron Square	26	20	Lochinvar	18	10
Abbeyhill	21	16	Lochend	25	20
Barony Place	32	27	Marshall Street ...	25	17
Carrick Knowe	20	17	Portobello	40	29
Elm Row	39	30	Canongate	18	9
St Ninian's, Leith ...	27	22	West Pilton	26	20
Craigentinny	20	16	Greenside	21	10
Jamaica Street	22	17	Sighthill... ..	19	14

TABLE 27.—WELFARE FOODS DISTRIBUTION—UPTAKE.

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	196,315	57,453	24,786	345,696
To day nurseries, hospitals, etc.	750	2,556	—	9,382
Total	197,065	60,009	24,786	355,078
Average Monthly Uptake ...	16,422	5,000	2,066	29,590

TABLE 28.—DENTAL CARE OF MOTHERS AND CHILDREN
UNDER FIVE YEARS OF AGE.

	Expectant Mothers	Nursing Mothers	Pre-School Children
1. Number inspected by dental officers	90	150	1,020
2. Number found to require treatment	90	150	1,016
3. Number accepting treatment	90	150	1,016
4. Number actually treated by dental officers ...	90	150	1,013

TABLE 29.—MOTHER AND BABY HOMES.
PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds		
	Ante- natal	Post- natal	Cots
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	12		12
Haig-Ferguson Memorial Home, 4 Lauriston Park ...	4	5	5
Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road ...	7	17	24

Total number of women admitted during the year to these three homes
(ignoring re-admissions after confinement) 112

TABLE 30.—HEALTH VISITING.

	Number Visited	First Visits	Subsequent Visits	Total
(a) Expectant mothers ...	2,363	2,363	1,200	3,563
(b) Infants (under 1 year)	11,217	7,244	38,450	45,694
(c) Children (1-5 years) ...	17,918	584	69,248	69,832
(d) Other cases	7,214	7,214	3,933	11,147
		17,405	112,831	130,236
(e) Waste Visits				25,598
			Total ...	153,834

SCHOOL HEALTH SERVICE.

JOINT COMMITTEE ON SCHOOL MEDICAL SERVICE.

From HEALTH COMMITTEE :

Convener K. W. K. TULLO.

Councillor G. H. MENZIES.

Councillor G. HEDDERWICK.

Councillor J. MACKAILL.

Councillor J. G. MORE-NISBETT.

From EDUCATION COMMITTEE :

Bailie Mrs C. T. NEALON.

Councillor T. CURR.

Councillor J. B. STEWART LAMB.

Councillor S. WYNDHAM MILLER (deceased 24/1/57).

Councillor W. J. MACPHERSON.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July, 1956, is the forty-ninth since the institution of school medical inspection in Edinburgh and the twenty-sixth since the transfer of the service to the municipality.

As the last complete report was issued in 1951, this year's information is given in full in accordance with the instructions of the Department of Health. At the same time, a review is given of the changes and developments which have occurred since the 1951 report was compiled.

Quinquennial Survey : The years between 1951 and 1956 have been years of change, innovation and expansion. The school population has altered both in numbers and in topographical distribution. Children on the primary schools' registers have increased from 39,609 to 44,416 : secondary pupils have decreased from 17,416 to 16,865 : and the total school population has risen from 59,598 to 63,012, an increase of 3,414. These figures reflect the changes in the annual birth rate before, during and after the war.

In an attempt to satisfy the educational demands of the new housing areas, four schools in the centre of the town have closed and eleven new schools have been opened on the periphery. This attempt has been only partially successful and, in consequence, some schools are overcrowded and makeshift premises have still to be used. In addition a substantial number of pupils, unable to receive

education in their district school buildings, have to be transported to and from annexes attached to other, distant, schools and a noticeably large proportion of those "displaced" children, lacking the community ties and local loyalty of their district school, display difficulties of behaviour.

The shift of school population away from the city's centre has raised problems in the provision of treatment, and additional school clinics have been planned at the periphery, two of which are now in function—one, a minor ailments' clinic, at the Inch; the other at Sighthill Health Centre. The Health Centre, opened in 1953 and the first of its kind in Scotland, provided at the start physiotherapy and treatment of minor ailments only, but ophthalmologists' and chiropodist's clinics were added subsequently. As well as furnishing accommodation for those clinics, the Health Centre serves a valuable function in bringing together the medical and nursing staff of the school health service with the family doctors practising in the Centre. Such close liaison cannot in the main be secured with other general practitioners in the city but the importance of contact with them has been fully recognised and misunderstandings and lack of co-operation which prevailed at the time of the introduction of the National Health Service, and which still existed in 1951, have now in very large measure been eliminated by careful adherence to the procedures referred to later in this report.

As the facilities provided by the National Health Service have been more widely deployed, there has been a reduction in the demand for diagnostic and treatment services at the clinic centres. This is shown in the drop in attendances at doctors' advisory clinics in five years from 4,036 to 2,844; in minor ailment clinics from 30,480 to 24,695; and it is impossible at the moment to forecast future trends, but meantime the need for these clinics continues. Attendances at the school aurists' clinics show an even more marked reduction from 2,042 to 1,001. This can be partly explained by increased activity on the part of family doctors in sending their child patients direct to hospital for specialists' advice, but it also reflects the success of early treatment of ear, nose and throat inflammations by antibiotics and other modern therapies.

On the other hand, there has been no diminution in the work of the oculists' clinics and the service provided has been extended by the appointment by the Regional Board of two dispensing opticians, much of whose time is concerned, with children attending the school clinics.

Further reference is made later in this report to co-operation with hospitals. The most noteworthy development in this direction has been the completion of arrangements with all hospitals in the city whereby a short report is sent to the School Medical Officer on every school child discharged. This enables school doctors and nurses to provide follow-up and supervision and it also secures essential information for the child's medical records. The names of all children known to have been in contact with infectious cases of tuberculosis in their homes are now reported to the School Medical Officer by the Tuberculosis Centre.

New efforts to control infectious disease have concentrated on tuberculosis and poliomyelitis. The successful pilot experiment of 1953 was followed in the next year by the offer of tuberculin testing and B.C.G. vaccination to all thirteen year old pupils. The school health service now undertakes this preventive immunisation as one of its major routine winter activities. It is now, too, a

routine procedure to investigate by tuberculin testing and by radiography all school children believed to have been in contact in school with a case of infectious tuberculosis. In 1955 a further development in the use of tuberculin testing took place when a pilot trial was carried out in the entrants' classes of one primary school and it is hoped in the coming year to extend this to other schools. The purpose of tuberculin testing of entrants is twofold—to determine whether or not a child suffers from tuberculosis and to ascertain the existence of unsuspected tuberculosis among those in contact with him at home or elsewhere. Since 1951, annual radiographic examination of teaching staff has become a routine procedure, the great majority of teachers having accepted the special scale of sick pay offered as an incentive by the Education Authority. The result of the examination of every teacher is communicated to the School Medical Officer for any action which he may think advisable in the interest of the children with whom the teacher has been in contact.

Medical, nursing and clerical staff of the School Health Service were engaged whole-time in the summer of 1956 in the Public Health Department's clinic for the vaccination of children against poliomyelitis.

The School Health Service recognises as part of its duty the prevention of accidents and provision of first-aid, and supervision of playing fields and of technical workshops in institutes of further education has now been undertaken by one medical officer having special interest in this subject.

In 1951, mothercraft instruction was confined to secondary schools and to an experimental class in a special school for mentally handicapped pupils. Since then, instruction in mothercraft by school health visitors has been extended to nine special schools in the city, to a senior approved school for girls and to women prisoners in Saughton jail.

During the last five years the School Health Service's concern for the ascertainment and special educational treatment of handicapped children has received additional impetus from the publication by the Advisory Council on Education of its reports on handicapped pupils, the appearance of the Secretary of State's circular, number 300, dealing with those reports and the issue of the Special Educational Treatment (Scotland) Regulations, 1954. Improvements in ascertainment have been brought about particularly in those categories of handicap in which hearing is affected. The sweep-test by means of a portable pure tone audiometer has been introduced for the routine audiometric screening of all children of certain age groups. Arrangements with the Hearing-Aid Centre now secure full reports on all school children issued with aids and the supervision of those children is the responsibility of one school medical officer with special experience. Close co-operation has been developed with the advisory and diagnostic unit recently organised by the Headmaster of Donaldson's School for the Deaf and, as explained later in this report, school nurses under the tuition of Professor and Mrs Ewing of Manchester have with the co-operation of the Donaldson unit learned the technique of screening tests for deafness in young children.

Improvements have also taken place in the provision of special educational treatment, the following being among the more important developments in the five years under review.

(1) Donaldson's School for the Deaf has opened its classes to day pupils and many Edinburgh parents now avail themselves of day in preference to residential provision. As already mentioned, a diagnostic and advisory unit has also been established at Donaldson's, which gives invaluable pre-school training to children with hearing defects, many of whom are referred by the School Health Service.

(2) The provision of portable speech recording instruments has contributed to the successful work of the speech therapists who use them both in treatment and also as a means of obtaining a permanent record of the progress made by individual children.

(3) A substantial increase in the staff of the Visiting Teacher Service has allowed of more intensive instruction for home-bound pupils. The Visiting Teacher Service has been further improved by the appointment of one school medical officer to supervise the pupils at regular intervals in their homes, co-operate with family doctors and advise the teaching staff.

(4) A procedure has been established whereby the therapists at Westerlea School for Spastics provide their respective treatments in the homes of house-bound spastics recommended by the School Health Service. Westerlea has also opened its classes to a small number of day pupils and advantage is taken of this for Edinburgh children when vacancies occur.

(5) Residential provision for maladjusted children, either in schools or in hospital, falls short of the need which exists. During the year under review it has been possible to make more use of Naemoor School and it is satisfactory to be able to report the opening by Dr Barnardo's Homes of Craigerne Residential School for maladjusted boys. Application has already been made for Edinburgh children to be admitted to that school.

(6) Day and residential schools for one type of handicap find it difficult and often impossible to adapt their own special techniques so as to cope with one or more other handicaps, and the ascertainment of more than one category of handicap in the same child may present an educational difficulty which is almost unsurmountable. As a partial solution to this problem, a small day class has been opened by the Education Authority for blind children having additional handicaps. In addition, Coltness House, a residential school recently established by Dr Barnardo's Homes, is able to accept a certain number of pupils having two or more handicaps.

Five years ago the Youth Employment Service was in the earliest stages of re-organisation and there was no great incentive for school medical officers to concern themselves with vocational guidance. Since then the structure and activities of the Youth Employment Service have been established and expanded, co-operation between it and the School Health Service has been put on a sound basis and medical officers find the work of vocational guidance increasingly interesting and rewarding. Personal contact has also been secured with all the Appointed Factory Doctors in the area, common problems have been discussed and arrangements made for exchange of information for the benefit of young people engaged in industry.

Because of the increase in schools and in pupils and because of the new duties which it has to undertake, the medical staff has been increased by the appointment of a medical officer who spends half of her time in School Health and half in Child Welfare work and a small number of schools has been allotted to health visitors of the Child Welfare Service. It is generally held that the welfare of the school child is best secured by a health visitor service responsible for children from infancy to adolescence and a promising start in this direction has now been made in Edinburgh.

During the 5 years under review, two dental surgeries have been opened in new housing areas to the north and south of the city and two to the west of the city in Sighthill Health Centre, where full use has also been made of the dental laboratory. There has been an increase of staff from the equivalent of eleven and a half to fifteen full-time dental officers and the total of attendances by school children at dental surgeries has risen from 23,296 to 45,622. By 1956, however, more treatment per child was required and the number of completed cases has not risen in proportion to the increase of work done. The school dental service in fact is left with the pressing problem of how to cope, though still grievously understaffed, with a growing incidence of caries in a child population, only a small fraction of which receives treatment from other sources. Encouraging progress has, however, been made during the five years in the provision of orthodontic treatment by the school dental officers for whom specialist advice is now available through an arrangement with the Regional Hospital Board whereby an orthodontic surgeon periodically holds consultant sessions in the school dental clinics. The Regional Hospital Board, by another arrangement recently completed, also provides the services of an Oral Surgeon who holds a number of sessions in school dental clinics throughout the year at which exceptionally complex extractions and other oral surgical procedures are carried out. Dental officers in charge of the children treated by the specialist assist at these sessions.

During the five years, two oral hygienists have been attached to the school dental service. Their main function has been in the field of prevention and health education but they have also provided minor treatments for school children, pre-school children and mothers.

The description given above of developments during the past five years shows that the School Health Service scans with vigilance the changing conditions which affect the welfare of the child and is able and ready to undertake new duties and new tasks. At the same time the old established duties and tasks remain.

In 1955-56 routine, special and supervision inspection, which continues to be a basic function of the School Health Service, was carried out as in previous years and has shown that the health of Edinburgh's school children has, on the whole, been maintained, despite considerable epidemics of chickenpox and measles, and there was a small but encouraging increase in the average school attendances throughout the year.

The incidence of head infestation continued to diminish. A somewhat higher incidence of ringworm both of the scalp and of the body is recorded and it should be noted that during the last three years there has been an annual increase in the number of cases of scabies. The significance of these changes cannot yet be fully assessed.

Increased facilities for mass radiography were provided through a more liberal use of the mobile X-ray van and it was possible to offer radiography to all secondary school children instead of restricting this examination, as in 1954-55, to school leavers only.

Grateful reference is made later in this report to the Roosevelt Fund's gifts to the school orthopaedic clinic.

In submitting this report, opportunity is taken to express thanks to the medical, dental, and clerical staff of the School Health Service for their loyal service; to colleagues in the other branches of the Public Health Department for much help; and to the Director of Education and his staff for their willing co-operation.

General Statistics.

Population of the area	467,000
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Number of schools (under the Education Committee) :—

(a) Nursery	11
Nursery classes	10
(b) Primary	...	...	...	...	...	82
(c) Secondary	...	...	...	...	...	22
*(d) (i) Special schools	...	...	...	...	...	16
† (ii) Special classes in ordinary schools	...	...	...	...	...	2
(e) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School and Cowgate Nursery School)	...	...	...	...	...	2
Total	...	...	...	...	...	145

* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children and Southfield Hospital.

† 1 Class for mentally handicapped pupils attached to St Ninian's (R.C.) School.

1 Experimental class for pupils with multiple handicaps attached to Craigentenny School.

Number of children on the registers :—

Primary	...	...	...	...	...	38,469
Roman Catholic	...	...	...	...	...	5,464
Episcopal	...	...	...	...	...	483
Secondary	...	...	...	...	...	14,777
Roman Catholic	...	...	...	...	...	2,088
Special	...	...	...	...	...	793
Nursery schools	...	...	...	...	...	644
Nursery classes	...	...	...	...	...	294
Total	...	...	...	...	...	63,012

Average number of children in attendance ...	...	...	58,473
Average number of children in hospital classes ...	...	...	190
Average number of children taught at home by visiting teachers			59

ORGANISATION AND ADMINISTRATION.

Sanitary Condition of Schools :

Section 20(3) of the 1946 Act lays on school medical officers the duty of inspecting and reporting on school premises.

During the year 24 schools were inspected and 37 recommendations for repairs or improvements were made by the school medical officers concerned.

Site of Defect			Site of Defect		
			Brought forward ...	...	14
Assembly Halls ...	...	2	Lavatories ...	...	4
Classrooms ...	...	2	Lighting System ...	...	3
Corridor ...	...	2	Medical Rooms ...	...	3
Cloakroom ...	...	1	Playgrounds ...	...	3
Dining Centres ...	...	2	Staff Rooms ...	...	3
Drinking Water ...	...	3	Urinals ...	...	4
Heating System ...	...	2	Washing Rooms...	...	3
		—			—
		14			37
					—

Appropriate action was taken to remedy these defects.

Hand Washing and Drying :

Brief reference was made in last year's report to the problem of hand-washing and drying in schools. During the year under review, an experiment in the use of liquid soap containers and paper towels has been carried out in Abbeyhill Primary School. With the use of these accessories, a standard drill has been established in the wash-rooms, the experiment has been reported as a success by the school doctor and the headmaster, and an extension to other schools is being considered. In addition consideration is being given to the use of individual hand-towels, electric hand-driers or automatic roller towels, in place of the common roller towel, the use of which has been the subject of recurring criticism for some years.

SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

Inspection :

Inspections have been carried out in accordance with the scheme formulated by the Department of Health for Scotland.

- (1) Systematic (Routine) Inspection of the specified age groups.
- (2) Non-routine (Special) Inspection of pupils referred by teacher, parent or school health visitors.
- (3) Supervision of pupils found at previous inspection to be suffering from disease or defect.
- (4) Routine Medical Inspection of pupils in schools for the physically and mentally handicapped.
- (5) Class-room Inspection.

Systematic inspection of the age groups specified by the Department has for some time been subject to criticism and the Department's concern with this criticism is shown by the clause in the circular defining the duties of the School Health Service for 1956-57 which allows Local Authorities to experiment with alternatives to those inspections. In particular, critics have stated that developments and improvements in the School Health Service since its inception now provide, in many areas, continuous supervision throughout a child's school life, that the nine-year-old routine inspection by a medical officer is no longer necessary, and that its place can be taken, without detriment to the child, by inspections carried out by the school nurse, with referral to the medical officer of any child suspected of defect. Before a decision can definitely be made, there must be experimentation and the provision of statistical evidence and it is proposed during next year, without omitting the nine-year-old medical inspection, to carry out, for comparison, parallel inspections by school nurses.

There was also periodic inspection of children receiving home tuition: Examination was provided of children over 13 for part-time employment; of volunteers for potato picking; of classes going to camp schools; of applicants for training colleges; of persistent truants appearing before the School Management Committee; of children admitted to the Remand Home, and of those for whom Approved School Reports were required by the Juvenile Courts.

School doctors examined pupils who made a low score in the group intelligence tests given to all pupils at the ages of 7 and 11 years. Physical defects likely to have prejudiced the performance of these tests were discussed with the Principal Psychologist and her assistants.

Arrangements were also made throughout the session for cleanliness inspections, dental inspections, and examinations for vocational guidance.

Examination by the Mass Radiography Unit was made available to pupils in Secondary Schools, Special Schools and Day Institutes.

Treatment :

Clinics and medical services administered by the School Health Service are shown in the following table :

Clinic	Doctor's Clinic	Minor Ailments Treatment	Aurist	Ophthalmologist	Dermatologist	Orthopædic Surgeon	Physiotherapist	Ultra-Violet Light	Chiropodist	Scabies
<i>Main Treatment Centres</i>										
45 Lauriston Place ...	x	x	x	x	x					
5 Links Place ...	x	x	x	x			x	x	x	x
High School Yards ...	x	x								x
Sighthill Health Centre		x		x			x	x	x	
<i>Sub-Clinics</i>										
Craigentinny School	x	x								
Craigmuir School ...		x								
Granton School ...	x	x								
Glenvarloch School ...		x								
Niddrie Old Farmhouse		x								
Pennywell School ...	x	x								
St. John's School ...		x								
<i>Orthopædic Clinic</i>										
60 Pleasance ...	...					x	x	x		

Treatment for minor ailments was also given by inspection nurses in schools for handicapped children.

Examination and minor treatment in the school clinics is provided by aurists, ophthalmologists, a dermatologist and an orthopædic surgeon of the Hospital Service, who refer children for major treatment to the appropriate hospitals in the city.

Unless in exceptional circumstances, children found to require specialist attention not available in the clinics or departments mentioned above are referred by school medical officers to their family doctors for action and not direct to hospital.

The Remand Home, Gilmerton, administered by the Children's Committee, provides for the needs of Edinburgh, Fife, the three Lothians and the border counties. By arrangement between the Children's and the Health Committees, the School Health Service is responsible for the general medical supervision of the Home and for the medical examination and care of all children admitted, and it provides a medical report in every case in which an Approved School or a Borstal report is asked for by a Juvenile Court. In addition, children suspected of mental defect are examined and reported on by school medical officers.

SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

Report by the Senior Dental Officer.

Since the report of 1951 three new dental treatment centres have been opened—a full-time surgery in each of the new schools of St David's R.C. (Pilton) and Glenvarloch (Inch), and two surgeries in the Sighthill Health Centre where there is also a dental laboratory manned by two technicians and an apprentice.

The dental staff which numbered ten full-time and three part-time dental officers in 1951, rose to fifteen full-time dentists in 1955 although illnesses reduced the effective staff to fourteen and a half.

Two hygienists have been attached to the staff since 1951 except for a short break and one change in 1953, and attendances at their clinics have reached well over 3,000 this year. In their work they have treated school children, pre-school children and mothers. They have also paid many visits to schools and community centres to give propaganda lectures and demonstrations.

Although the number of fillings inserted by the dental officers has risen steadily from 15,000 in 1951-52, to 27,000 in 1955-56, it has been disturbing to note that each child now requires more treatment so that the number of completed cases has not risen in proportion to the work, and we are left with the pressing problem of the neglected majority of the child population, only a fraction of which receives treatment from other sources. Fortunately the enthusiasm of the dental staff is not undermined by the prospect of dealing with increasing dental decay.

The question of how to deploy successfully a limited staff leaves little time to reflect on figures which show that in Edinburgh during 1946 and with war-time rationing, 66 per cent. of school children required treatment, as against almost 96 per cent. found to require treatment in 1956.

This explains why complementary services—propaganda work, orthodontic work, inspections of nursery schools—have been curtailed or undeveloped while attention is demanded by a regular annual stream of 7,000 urgent "toothachers" or "emergencies." On the other hand, where it has been possible to give limited amounts of time to services such as an orthodontic scheme, encouraging progress has been made.

Treatment :

The work done includes 17,500 extractions of deciduous and permanent teeth and a total of 27,000 fillings of metal or synthetic porcelain. A grand total of 45,622 attendances was made by school children to the clinics and with the usual treatments listed in Table V are also 9,951 "Sundries" covering such items as 10 inlays fitted, 29 teeth crowned, 174 dentures, 154 orthodontic appliances for regulation of teeth, and various details such as trimming teeth, the polishing of 8,300 fillings, and 1,100 impressions for record casts of teeth. X-rays were taken in 698 cases, and 3,450 children were referred to the oral hygienists for cleaning or gum treatment.

Orthodontics :

Every encouragement has been given to expand the orthodontic service, which is limited only by the demands of conservative work or shortage of staff. Since 1951, when the scheme began, the South East Regional Hospital Board has provided consultant services for two half days per month. In 1956, however, the number of sessions was doubled and a rise in numbers of completed cases is expected shortly. During the 1955-56 period, 421 attendances were made at the consultant's sessions, including 204 new cases, and the dental officers completed the treatment of 60 cases in the year under review.

The consultant visited four clinics and at each session diagnosed or supervised the treatment of fifteen to twenty-five patients, while the actual treatment was carried out by the dental officers. Many of the staff are interested in this work and the scheme can be expanded rapidly at short notice.

Oral Surgery :

The South Eastern Regional Hospital Board also provided in 1954 the services of an Oral Surgeon to attend to the more complex extractions and other minor oral surgery. One session per month is devoted to this work and dental officers who have referred patients usually attend at the time of treatment in the Sighthill Health Centre, to assist or watch this interesting surgical work and gain advice in follow-up treatment.

Special Schools :

It was felt necessary to maintain the annual inspection and treatment for handicapped children of Gorgie and St Nicholas', Challenger Lodge, Royal Blind School and Canaan Lodge.

For these children, dental equipment was taken to the Home or School and treatment carried out on the premises. The inclusion in this scheme of Gorgie and St Nicholas' proved most successful, and will no doubt be repeated in future years.

The behaviour of almost all the handicapped children was excellent as usual.

Treatment under General Dental Practitioners :

Under an arrangement started in 1954, general or private practitioners undertook to send certificates of school children's appointments during school hours, so that attendance marks at school could be granted. Certificates totalling 647 were received this year, and the results of the scheme up to date are satisfactory.

Research :

The staff is indebted to the Public Health and Social Medicine Department of the Edinburgh University which has supplied information regarding the incidence of dental disease. The results of the examination of 4,000 Edinburgh school children in 1953-55 have shown the importance of nutrition, propaganda and the treatment of teeth in young children.

The dental staff is also grateful for co-operation from school doctors, speech therapists and nurses. Head teachers have also been most helpful with appointments of children at clinics, not always at times convenient to their teachers.

Maternity and Child Welfare :

Details are given in the report of the Maternity and Child Welfare Medical Officer.

Conclusion :

The incidence of dental decay is rising and is an increasing danger to the health of the child. Edinburgh children need further dental health education which may be disseminated by dentists, doctors, nurses and teachers.

Further treatment can be undertaken to relieve the present position when the staff is increased, and methods to attract dentists to the staff should be investigated. These should include better working conditions, up-to-date surgeries in some districts where old and inconvenient buildings are still in use. Our patients and their parents are being educated to live in and appreciate newer buildings, new factories, welfare conditions etc. and although our dental patients are increasing in number, they are inclined to judge our services by our old buildings.

Finally, thanks are due and extended to our dental attendants whose quiet efficiency in dealing with many things from impatient or apprehensive parents to leaking spittoons is to be admired.

SCHOOL NURSING.

Of the 25 health visitors on the staff, three are wholly occupied with treatment and specialists' clinics in the two main treatment centres and four with instruction in mothercraft in secondary schools. Of the remaining eighteen each is responsible for a group of schools in which she acts as inspection nurse. An inspection nurse is present in her schools at all visits by the medical officer and she also pays frequent visits to her schools to carry out class inspections and examination of vision and hearing of seven year old children. She discusses matters of health and hygiene with children, parents and teachers, and carries out home visits. The inspection nurses also staff the minor ailments and ultra-violet light clinics. A number of them provide mothercraft instruction in addition to the mothercraft instruction already referred to. Furthermore, one health visitor carries out combined duties under both the School Health Service and the Child Welfare Service and this has proved so successful that arrangements have now been made for four more Child Welfare health visitors to undertake the same combined duties.

The number of children visited during the year by school nurses was 3,088 and the number of home visits paid in connection with those children was 2,767.

CO-OPERATION WITH OTHER AUTHORITY DEPARTMENTS.

The staff of the School Health Service is part of the Public Health Department and so under the administrative control of the Medical Officer of Health who is Chief Administrative School Medical Officer. This ensures that all facilities of the Public Health Department are available for the School Health Service.

The Chief Executive School Medical Officer, who has the status of a Senior Medical Officer, is accommodated in the Education Offices so that close co-operation is maintained with all sections.

Medical records of children under the care of the Child Welfare Service are transferred to the School Health Service when school age is reached, continuity of health supervision being thus secured. In addition, the problems of handicapped children known to the Child Welfare Service and entering school life are considered jointly by the chief executive medical officers of the two departments. There is close collaboration with the Children's Department in the case of children requiring care and protection ; with the City Social Services Department when mentally defective children are concerned ; with the Police, the Juvenile Courts and the Probation Service in matters affecting child delinquents ; and with the City Architect's Department, both Education and Public Health sections, when problems affect the buildings and furnishings of schools and clinics. Frequent personal discussion of individual children's problems takes place between medical officers and the staff of the Youth Employment Service and a routine procedure has been set up for the provision of vocational guidance for pupils both in ordinary and in special schools.

CO-OPERATION WITH VOLUNTARY BODIES AND OTHER OUTSIDE AGENCIES.

Voluntary Bodies : Co-operation is maintained with the Association for Mental Welfare ; Association of Parents of Handicapped Children ; Catholic Enquiry Office ; Central Clinic for the Blind ; Children's Holiday Fund ; Council of Social Service ; Cripple and Invalid Children's Aid Society ; Red Cross ; Royal Scottish Society for the Prevention of Cruelty to Children ; St Andrew's Ambulance Association ; Scottish Council for the Care of Spastics ; Seaforth Sanatorium Trust ; The Voluntary Youth Welfare Association ; and the Women's Voluntary Service.

University and Other Teaching Bodies : The Chief Executive School Medical Officer holds the position of Lecturer in the Department of Child Health at the University. Lectures as well as practical insight into School Health work by visits have been given to Undergraduate Students of Medicine and to Post-graduates studying for the Diploma of Public Health and of Child Health, to Queen's Nurses and to nurses studying for a Health Visitor's Certificate.

Instructional visits have also been arranged for doctors and others visiting this country from overseas.

Forty-eight children were concerned in a national survey organised by the Institute of Child Health of the University of London. In each case home visits were paid by school nurses.

Hospitals : Although school doctors no longer refer children direct to hospital as was their wont before the National Health Service Act became law, relations with the hospitals have remained close. With the hospital almoners there has been frequent consultation over such matters as convalescence, the follow-up of children discharged from hospital and transfer to special schools. In addition a school nurse attends the weekly clinic for rheumatic diseases in the Royal Hospital for Sick Children.

General Practitioners : After full discussion with the Local Medical Committee, a routine procedure has been established for the referral of school children to Specialists. In all cases, except those requiring the attention of the Oculist, the family doctor is first consulted and a copy is sent to him of all reports received from Specialists. Experience, has, however, shown that co-operation with general practitioners is often better secured by the spoken than by the written word and telephone talks with family doctors have therefore been more numerous than in any previous year, the subjects most frequently discussed being the ascertainment of handicap, absences from school on medical grounds, and the provision of treatment. Notification by post is sent to the family doctor in every case in which special educational treatment is provided, when a child is certified as a mental defective, or when he is reported to the Local Authority as ineducable and untrainable.

CO-OPERATION WITH TEACHERS AND PARENTS.

There has been close and cordial co-operation between teachers and the staff of the School Health Service. This is secured partly by formal contact with teachers' organisations, but principally by friendly association in headmasters' rooms, in staff rooms and in classrooms, and by happy participation by doctor and nurse in the social activities of school life, and the best work has been done in those schools in which this personal association is most fully achieved.

Co-operation with parents has been fostered by meetings with parents' associations, but depends for its success on personal approach to individual parents in the medical room and at nurses' home visits. On the whole, parents co-operate well during primary school life and an index of this is furnished by attendances at routine inspections, 92 per cent. of parents having been present with the nursery children, 86 per cent. with the five-year-olds and 62 per cent. with the nine-year-olds but it is regrettable that few attended routine inspection of thirteen-year-olds (12 per cent.) and sixteen-year-olds (1.5 per cent.), when the give and take of a parent interview is just as valuable. It appears that this

absence results more from strong prejudice on the part of the adolescent than from indifference on the side of the parent.

Talks on health subjects were given at 66 meetings of parent/teacher, or similar, associations by members of the School Health Service.

TUBERCULOSIS.

Mass Radiography of Pupils of Secondary Schools and Centres of Further Education :

During the winter the mobile X-ray van was made available for use at individual secondary schools, while pupils in schools for the handicapped were brought by special transport to the Static Unit in Warriston Close. Pupils attending centres of further education also visited the Static Unit.

	Boys	Girls	Total
No. examined	7,739	8,515	16,254
No. found normal	7,637	8,361	15,998
No. recalled for large films	102	154	256 (1.57%)
No. of notified cases of tuberculosis...	1	7	8 (0.05%)

The eight notified cases received treatment through their family doctors.

Tuberculin Testing of Five-year-old Pupils :

A pilot trial was carried out in the infant department of one primary school, tuberculin testing being performed by means of the Heaf multiple puncture method. In four cases out of a total of 63 children, permission was refused by the parents. Of the remaining 59 children, one gave a positive tuberculin reaction. Extensive investigation of family and other contacts failed to discover the source from which the child had been infected.

Investigation of Pupils Exposed to Infection in School :

Of the 74 school children notified as cases of tuberculosis throughout the year, 2 were considered likely to have been a possible source of infection to their classmates and the parents of all class contacts of these pupils were advised to agree to Mantoux testing and/or mass X-ray examination.

68 class contacts were investigated but no further active cases were found.

Annual X-Ray Examination of Teachers :

The Education Authority makes specially generous sick pay provisions for any teacher agreeing to submit annually to examination. Of the 2,446 certificated teachers employed by the Authority, 1,858 accepted those provisions. For the second year, no case of active pulmonary tuberculosis was found.

B.C.G. Vaccination :

Four assistant school medical officers were engaged in the Mantoux testing and B.C.G. vaccination of children of 13 years of age, each medical officer being assisted by a school nurse and a clerical assistant. Parents of all children of that age in the secondary schools, in Moray House School, and in two private schools, were asked to give their consent and the table in Appendix I shows the results.

Post-vaccinal inspection was carried out on 3,132 (96·2 per cent.) pupils, and no cases of severe reactions following vaccination were found.

MEDICAL INSPECTION.**Systematic Inspections :**

In Table I details of the numbers inspected during the school session are shown under the various categories. In Table II are detailed the numbers and percentages of children who at routine medical inspection were observed as suffering from defects.

MEDICAL TREATMENT.**(1) Provided directly by School Health Service :—**

A. Minor Ailments :—					New Cases	Attendances
(1) Cuts, bruises, sprains, minor injuries, etc.					7,282	15,173
(2) Diseases of the ear					546	2,732
(3) Diseases of the eye, excluding defective vision					804	1,872
(4) Diseases of the skin :—						
Ringworm (scalp)					19	33
Ringworm (body)					31	178
Scabies					37	114
Impetigo					685	1,947
Other diseases					874	2,646
Total					10,278	24,695
B. Doctors' Clinics					1,531	2,844
C. Sunray Treatments :—						
Pleasance Clinic—						
School children					24	210
Pre-school children					—	—
Leith Clinic—						
School children					96	764
Pre-school children					—	—
Sighthill Health Centre—						
School children					12	208
Pre-school children					—	—
D. Orthopædic Clinics (Physiotherapist) :—						
Pleasance Clinic—						
School children					147	1,880
Pre-school children					21	315

Leith Clinic—					New Cases	Attendances
School children	...	...	...	...	60	636
Pre-school children		...	...	...	—	—
Sighthill—						
School children	...	...	...	...	42	669
Pre-school children		...	...	...	—	—

The Roosevelt Memorial Fund, which concerns itself with the welfare of sufferers from poliomyelitis, has generously provided for the school orthopædic clinic at the Pleasance, a punchball, graduated steps and parallel bars.

E. Chiropodist :—	Leith Clinic	Sighthill Health Centre
Children examined	2,606	1,380
Children requiring treatment	179	48
Children who refused treatment	34	3
New cases carried forward from last session	—	—
Children who therefore received treatment	104*	45
Children referred by assistant school medical officers	220	50
Children referred from other departments	60	24†
Total number of new cases	384	119

* in addition there is a waiting list of 41 :

† including 13 referred by the General Practitioners at Sighthill Health Centre

	Primary Schools	Secondary Schools	Total
Leith Clinic :			
No. of schools inspected	2	3	5
Children inspected	399	2,207	2,606
Children requiring treatment or advice	12 (3%)	167 (7·6%)	179 (6·9%)
Sighthill Health Centre :			
No. of schools inspected	2	—	2
Children inspected	1,380	—	1,380
Children requiring treatment or advice	48 (3·5%)	—	48 (3·5%)

Of the 227 requiring treatment or advice, 68 (30 per cent.) were boys and 159 (70 per cent.) were girls.

A summary of treatment given is detailed below :—

Condition	Attendances	
	Leith	Sighthill
Skin conditions	2,125	641
Nail conditions	189	40
Bone conditions	24	1
Muscle and tendon conditions	185	44
Joint conditions	109	25
Arch conditions	145	60
Gland (e.g. hyperidrosis)	4	2
Gait and posture	4	17
Shoes etc.	14	8
Total	2,799	838

F. Immunisation :—

Diphtheria—4,701 children received injections of A.P.T. (of these 3,746 were reinforcing doses).

5,723 children received injections of T.A.F. (of these 5,393 were reinforcing doses).

Whooping Cough—No children received injections this year.

G. Infectious Diseases :—

There were 7,329 cases and 599 contacts absent from school on account of infectious disease. More than half of the absences were the result of measles (2,545) and chickenpox (2,385), the incidence of the latter disease having been high in 1954-55 and higher still in 1955-56. The peak period for measles was March (580 cases) and for chickenpox June (462 cases). School children notified as suffering from poliomyelitis numbered 12.

Scabies :—**Cases and Attendances at Scabies Clinic.**

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1947	114	754	214	1,082	9,863
1948	101	577	172	850	8,412
1949	60	359	76	495	4,853
1950	36	251	75	362	3,455
1951	15	95	15	125	577
1952	14	74	8	96	510
1953	13	56	11	80	356
1954	19	46	18	83	313
1955	20	65	24	109	429
1956	17	94	43	154	563

(2) Given in School Clinics by Regional Hospital Board Specialists :—

	New Cases	Attendances
H. Defective Vision	1,415	4,037
Squint	183	549
Glasses prescribed	2,812	
Glasses supplied by dispensing optician ...	2,186	
I. Nose and Throat	500	1,001
Recommended for operative treatment ...	485	
J. Skin Specialist's Clinic	329	607
K. Orthopædic Surgeon	934	
Number of plasters supplied	105	
Number of children admitted to Princess Margaret Rose Hospital for operative treatment or manipulation	65	

An analysis of new cases seen by the visiting surgeon is given below :—

Congenital Deformities :

Syndactylism	...	...	...	...	...	...	...	4
Torticollis	...	...	...	...	...	...	...	1
Spine	...	...	...	...	...	...	...	1

Diseases of Nervous System :

Anterior Poliomyelitis	...	...	...	...	...	...	...	13
Spastic paralysis	...	...	...	...	...	...	...	2

Traumatism :

Sever's Disease	...	...	...	...	...	...	...	1
Sprains—Ankle	...	...	...	...	...	...	...	2
Internal derangement of knee	...	...	...	...	...	...	...	2
Calcaneal Spur	...	...	...	...	...	...	...	1
Tendovaginitis	...	...	...	...	...	...	...	4

Static Deformities :

(a) Postural—

Valgus feet	...	...	...	...	...	...	...	34
Kypho-lordosis	...	...	...	...	...	...	...	2
Scoliosis	...	...	...	...	...	...	...	4

(b) Structural—

Metatarsus Varus	...	...	...	...	...	...	...	2
Onychogryphosis	...	...	...	...	...	...	...	1
Valgus feet	...	...	...	...	...	...	...	15
Cavus feet	...	...	...	...	...	...	...	27
Scoliosis	...	...	...	...	...	...	...	1
Hallux valgus and rigidus	...	...	...	...	...	...	...	8
Hammer toes	4
Metatarsalgia	1
Knock-knees	5
Kypho-lordosis	3

Exostosis	2
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(3) Carried out in Hospital :

IN-PATIENT TREATMENT—						Boys	Girls	Total
L. In-patients discharged from the Royal Hospital for Sick Children and from children's departments of general hospitals—								
Medical	...	...	...	...	...	270	245	515
Surgical	...	...	...	...	...	910	576	1,486
T. & A. operation	...	...	...	...	...	848	791	1,639
Skin conditions	...	...	...	...	...	4	2	6
Orthopædic conditions (excl. Princess Margaret Rose Hospital)						23	16	39
No diagnosis	...	...	...	...	...	56	39	95
M. In-patients discharged from Princess Margaret Rose Hospital—								
Orthopædic conditions	...	...	...	...	...	45	70	115
N. In-patients discharged from the City Hospital								
Infectious diseases	...	...	...	...	...	199	169	368
O. In-patients discharged from Southfield Sanatorium—								
Tuberculosis	...	...	...	...	...	15	11	26
Total number discharged from hospitals						2,370	1,919	4,289

OUT-PATIENT TREATMENT—

P. Child Psychiatric Unit, Royal Hospital for Sick Children—referred by School Health Service ...	28
Q. Edinburgh Foot Clinic	56
R. Hearing Aid Clinic, Cambridge Street—new cases issued with aids	19
S. Orthoptic Clinic, Cambridge Street	93
T. Rheumatism Clinic, Royal Hospital for Sick Children	16
U. Royal Victoria Dispensary—Contacts	187
V. Royal Victoria Dispensary—contacts vaccinated with B.C.G.	77
W. Notified cases of Tuberculosis	74

SPECIAL EDUCATIONAL TREATMENT.

Residential Schools :

A development of importance in the education and care of the handicapped has come about with the opening by Dr Barnardo's Homes of two residential schools. Coltness House, Wishaw, accepts pupils who are severely afflicted physically or who have two or more handicaps and advantage has already been taken of this provision. Craigerne School, Peebles, accepts boys who are severely maladjusted and application has been made for admission to this school for two Edinburgh boys.

Number of Children in Residential Schools and Institutions :

Blind—

Royal Blind School	24
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Deaf—

Donaldson's School	20
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Deaf and Blind—

St Vincent's R.C. School	2
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Epileptic—

Colony for Epileptics	4
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Physically Handicapped—

Castle Craig, Peeblesshire	3
Challenger Lodge	8
Coltness House, Wishaw	4
East Park Home, Glasgow	3
Harpenden Diabetic Hostel, Herts.	1
Trefoil School	7
Westerlea School for Spastics	7

Mentally Handicapped—

East Fortune	1
Gogarburn Institution	50
Larbert Institution	2
St Charles' Institution	5
St Joseph's Institution	7
Strathore Institution	2

Maladjusted—

Hengrove School, near Tring, Herts.	1
Naemoor School, Perthshire	7
Rudolf Steiner (Aberdeen)	1

During the summer, provision was made for two diabetic girls to benefit from a fortnight's visit to one of the Camps for diabetics organised by the British Diabetic Association.

Day Schools :

(a) **Physically Handicapped.**—There are three day schools for physically handicapped children to which pupils are admitted on the recommendation of the school medical officer. The children on the rolls of these schools at the end of the year, 164 in number, can be classified as follows :—

Disability	No.	Disability	No.
Coeliac Disease	1	Lung Conditions :	
		Asthma	8
Congenital Defects :		Bronchitis, Bronchiectasis	7
(a) Skeletal—		Nephritis	1
Bilateral coxa vara	1		
Bilateral club foot	3	Nervous System—Disorders of :	
Congenital equino-varus	1	Cerebral palsy	33
Congenital vascular abnormality of legs	1	Cerebellar tumour	1
Spina bifida	1	Encephalitis	1
Genu valgum	1	Epilepsy	13
Cleft palate	1	Poliomyelitis	7
Fragilitas ossium	1	Rheumatism :	
Meningocele	1	Chorea	3
Multiple osteitis fibrosa	1	Sub-acute rheumatism	2
(b) Other—		Rickets	1
Cretinism	2	Speech Defects	3
Myasthenia gravis	1	Tuberculosis	
Dwarfism	2	Pulmonary	9
Debility :		Hip joints	3
Physical	14	Knee joints	1
Nervous	7	Spine	5
Dermatitis	2	Meningitis	1
		Pleural Effusion	2
Endocrine Glands—Disorders of :		Scoliosis	1
Glandular dysfunction	1	Emotionally Retarded	4
Thyrotoxicosis	1	Enuresis + Encopresis	1
Heart Conditions :		Hydrocephalus	1
Congenital	8	Hepatitis	1
Acquired	1	Alopaecia	1
Infective Conditions :			
Osteomyelitis	1		
Duoble Otitis media	1		

Total number of cases 164

For those children with handicaps so severe that they cannot attend special day schools, a service of 12 visiting teachers is provided, 7 of whom are employed whole time and 5 part time, representing a total of 10 whole time teachers.

Dr Jessie Wilson periodically reviews the children on the visiting teachers' roll, and, during the year, 98 pupils received education from visiting teachers. The following summary shows the categories of handicap and the number of children in each category.

Cerebral Palsy	14
Orthopædic Conditions, various	11
Surgical Tuberculosis	9
Hæmophilia	7
Poliomyelitis	7
Accidents, Fractures, etc.	6
Asthma	6
Dystrophy	5
Rheumatism, Chorea, etc.	5
Acquired Heart Disease	5
Pulmonary Tuberculosis	3
Epilepsy	3
Congenital Deformities, various	3
Congenital Heart Defect	2
Chronic Pulmonary Infections (not tuberculous)	2
Disease of Nervous System	1
Other Conditions	9
	<hr/>
	98

Five children with cerebral palsy were educated at Westerlea School for Spastics as day pupils.

(b) **Epileptics**.—Thirteen of these children receive special educational treatment in day schools for the physically handicapped.

(c) **Delicate and Convalescent Children**.—Middleton House, near Gorebridge, accommodates 38 of these children. 129 boys and 123 girls were admitted during the year.

(d) **Partially-Sighted Children** to the number of 24 are educated in Lauriston Special School—10 refractive errors and 14 other conditions. This includes 4 children from neighbouring counties.

(e) **Deaf Children** to the number of 45 are educated in Donaldson's School for the Deaf as day pupils.

(f) **Partially-Deaf Children** to the number of 99 are educated in St Giles' Special School for hard-of-hearing children. This includes 33 children from neighbouring counties.

(g) **Speech Therapy** is given in small, special classes. During the year 765 children attended for therapy; 156 were stammerers, 17 had cleft palate and 592 had defective articulation; 219 cases were discharged, 61 discontinued treatment or left school before treatment was completed, and 485 remain on the

roll to continue treatment. This is carried out by four speech therapists employed whole-time by the Education Authority under the general supervision of Dr Anne M. Anderson. Included in the number of children who attended for speech therapy were 26 pupils of special schools.

(h) Mentally Handicapped Children.—In the ascertainment of children requiring special educational treatment, formal testing of intelligence and of educational attainments is performed by psychologists of the Child Guidance Clinic, who communicate their findings to Dr Constance Drysdale and Dr Paul Routley, the two school medical officers specially engaged in work with the mentally handicapped.

There are six day schools (one of which is an Occupation Centre with a roll of 89) and one special class—the total roll being 490.

(i) Maladjusted Children.—Attached to Craigentinny Primary School are 3 classes providing special educational treatment for 34 maladjusted pupils, most of whom are children under the care of the Children's Officer. The Educational Psychologist and her staff are closely concerned with the supervision of those children.

(j) Children with two or more handicaps.—In a class attached to Craigentinny Primary School a group of 4 children with multiple handicaps receives training, being brought to and from school by special transport. These children are all blind, mentally handicapped and two are maladjusted in addition.

Handicapped pupils, who on leaving school, require after-care are referred to the appropriate voluntary organisations.

MENTAL DEFICIENCY.

Dr Constance Drysdale and Dr Paul Routley, as Certifying Medical Officers, carry out the ascertainment and certification of defectives of school age.

In July each of two parties of boys from the senior Occupation Centre spent a week's holiday at Middleton House residential school. This very successful experiment in the provision of after-care for the mentally handicapped is more fully described in the report of the Medical Officer for Mental Health Services.

Admission to Institutions.—13 children were certified as defective during the year and of these, 9 were admitted to Gogarburn; 2 to St Charles'; 1 to Larbert; and 1 to St Joseph's.

Reports under Section 56 of the Education (Scotland) Act, 1946.—9 children, incapable of receiving education, were reported to the General Board of Control, and to the Local Authority which then become responsible for the provision of training, supervision and care in accordance with the particular child's circumstances and needs.

CLASS INSPECTIONS.

At these inspections, both by medical officers and by nurses, defects of health and of cleanliness have been noted and appropriate action taken.

When children are found at class inspections to have infestation of the scalp, appropriate action is taken by the school health visitor. The numbers of those children during the past seven years are shown in the following table :—

	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56
No. inspected	51,637	54,364	49,848	56,870	50,800	60,161	61,118
No. of head cards issued ...	4,610	3,610	3,339	3,328	2,905	3,365	3,051
Percentage	8.9	6.6	6.7	5.9	5.7	5.6	5.0

THE EARLY ASCERTAINMENT OF DEAFNESS.

An instructional course in the application of screening tests to pre-school children was held in July. The instruction was given by Professor and Mrs Ewing of the Department of the Education of the Deaf, Manchester University, and the students were five health visitors of the School Health Service and fifteen of the Child Welfare Service. Much interest and enthusiasm was shown by the health visitors and, during the coming winter, the knowledge they have gained of the technique of testing will enable them to screen children attending nursery schools, day nurseries and child welfare clinics in the city.

During the instructional course 123 children between the ages of 6 months and 5 years were screen tested and arrangements were made for those failing to pass the test to attend the Diagnostic and Advisory Unit at Donaldson's School for the Deaf for full investigation and assessment. The results so far obtained are given below.

Tested at Special Clinic	123
Referred to Diagnostic Clinic	12*
Referred to Assistant School Medical Officer for further investigation ...	6
Hearing normal	105

* Deafness was already suspected in 8 of these cases.

AUDIOMETRIC TESTING.

The hearing of all school children is tested by the audiometric service provided by the Education Authority under the direction of the headmaster of St Giles' School for Hard of Hearing Pupils. The following report on audiometric testing has kindly been supplied by the headmaster, Mr Heath.

In Edinburgh, 22,677 children were involved in 25,634 tests.

In Midlothian, 4,223 children were involved in 4,982 tests.

In Peeblesshire, 466 children were involved in 535 tests.

In West Lothian, 4,433 children were involved in 5,198 tests.

The four members of the testing team therefore tested 31,799 children and performed 36,349 tests which gives an average of 7,950 children and 9,087 tests per tester, for the complete session.

In the testing of the Edinburgh schools, the increase in the numbers tested was solely due to having a full staff for the session and hence being able to test all schools under the administration of the Corporation.

As in previous years the various groups tested are represented in Appendix II Table " A " and the total of defective cases known within the city are represented in Table " B."

In both tables, those listed as of Grade II hearing defect are cases which require further investigation before they can be finally allocated to either Grade IIA or IIB.

INSTRUCTION IN MOTHERCRAFT.

Mothercraft instruction in secondary schools is organised in collaboration with the Supervisor of Domestic Science and the teachers of that subject. Provision is also made in the day schools for hard-of-hearing, partially sighted, physically handicapped and mentally handicapped pupils.

Under the general supervision of Dr Jean Willison, four school health visitors are engaged whole time in this work and two others undertake mothercraft instruction in addition to their ordinary duties. During the session instruction was given to 1,033 children in 19 schools. The schools concerned were 5 senior secondary ; 9 junior secondary ; 1 school for hard-of-hearing ; 1 school for partially sighted ; 1 school for physically handicapped and 2 schools for mentally handicapped children.

Dr Guthrie's School for Girls :

At the opening of the session, the Headmistress of this Senior Approved School asked the Education Authority to provide mothercraft instruction. Miss Dick, one of the school health visitors, undertook this work.

Tuition was given in three successive groups to 26 girls between 14 and 18 years of age, most of whom had had considerable sexual experience, including motherhood in two cases. Educational approach was made to these girls on a much maturer level than that found appropriate to their contemporaries in

ordinary schools and the response was in all cases encouraging. Interest was keen both in theoretical work and in practice with the doll and other equipment and most striking was the intense pleasure, and interest, shown by the girls during their visits to a residential nursery of the local authority where they were allowed not only to observe but, under supervision, to participate in the work of the nursery staff. This important form of health education will be continued during the coming session.

Saughton Prison :

Following last year's successful experiment ten lecture demonstrations were again given by Miss Alexander, school health visitor.

On an average, 12 prisoners attended each demonstration, the number varying as sentences started or terminated, and the ages ranged from 18 to 45 years. As before, instruction was not confined to the care of the infant and young child but included personal hygiene of women, diet and clothing at all ages, budgetting and the running of a home.

MEALS.

The number of meals supplied to schools and nurseries during the year ending 15th May, 1956, was 3,918,892. The total cost involved was £298,524. The average cost per meal was 18·282d. (9·346d. for food and 8·936d. for administration). The income from payments received for meals was £107,073. Applications for provision of free meals were received from 1,050 parents or guardians ; 889 of these applications were granted.

Nursery Meals.

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
1949-50	181,908	42,226	15,060	239,194
1950-51	176,282	37,230	14,564	228,076
1951-52	187,972	55,598	13,781	257,351
1952-53	186,038	55,106	13,484	254,628
1953-54	193,305	42,064	11,915	247,284
1954-55	198,193	34,491	12,288	244,972
1955-56	185,116	33,977	11,951	231,044

MILK.

The Government Free Milk Scheme is in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average 60,036 bottles of milk were consumed daily by pupils.

PRE-APPRENTICESHIP COURSES.

The students attending the School of Building and Crafts are all examined to see that they are fit for the occupations of their choice. In addition, those taking the painters' course are tested for colour-blindness.

Pre-nursing candidates who have passed interview are submitted to a somewhat strict medical inspection in view of the nature of their future work.

TABLE I.

Total number of children examined at :—

				Systematic Examinations	Other Systematic Examinations
Nursery	...	...	...	536	...
5 year-olds	...	...	...	6,161	...
9 ,,	...	...	...	6,258	...
13 ,,	...	...	...	4,704	...
16 ,,	...	...	...	581	...
Various	...	...	...	...	8
Total				18,240	8

Other examinations :—

Transfer Examinations	...	...	...	...	1,654
Visual Acuity and Hearing (7 years)	...	...	...	...	4,217
Employment of children	...	...	...	...	1,837
National Camps	...	...	...	...	2,254
Other Camps	...	...	...	...	108
School Journeys Abroad	...	...	...	...	146
Moray Sea School	...	...	...	...	36
Special schools (routines)	...	...	...	...	349
Nursery schools and classes (routines)	...	...	...	...	585
Re-examination of Taught at Home children	...	...	...	...	66
Vocational Guidance	...	...	...	...	1,312
Potato harvesters	...	...	...	...	345
Remand Home Admits	...	...	...	...	178
Approved School Reports	...	...	...	...	97
Pre-apprentices (building)	...	...	...	...	88
Pre-apprentices (engineering)	...	...	...	...	68
Pre-nursing	...	...	...	...	52
Referred by School Welfare Officer (Annsmill)	...	...	...	...	22
*Special cases	...	...	...	...	14,713
Re-inspections	...	...	...	...	4,365

* Defects found at the examination of special cases were as follows :—

Insufficient boots	25	Mental defect or dullness	85
Insufficient food	—	Heart disease—Congenital	13
Insufficient clothing	13	Acquired	5
Neglect of medical treatment	6	Functional	2
Body or clothing dirty	530	Rheumatism	9
Vermin on clothes or body	27	Anæmia	8
Nits or vermin in hair	833	Lungs—Asthma	21
Broken-out head	54	Bronchitis	54
Skin diseases :		Suspect tuberculosis	3
Impetigo	436	Other disease	32
Ringworm of body	14	Chorea	1
Ringworm of head	—	Epilepsy—Mild	17
Scabies	34	Severe	6
Others	796	“ Nervousness,” etc.	129
General debility	435	Tuberculosis—Bones and joints	1
Defective teeth	1,330	Abdomen	—
Tonsils and Adenoids	489	Glands	4
Glandular enlargement	37	Rickets	—
Eyes—Defective vision	1,464	Orthopædic—Birth injury	6
Squint	149	Infantile paralysis	2
Other diseases	311	Other—Congenital	23
Ears—Deafness	323	Other—Acquired	238
Otorrhœa	151	Injuries, septic sores, etc.	2,510
Wax	151	Infectious diseases, contacts, etc.	124
Speech defect	265	Other causes	3,547
Total	14,713		

Treatment Advised.

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanness and dental caries) :—

Nursery	63
5-year-olds	723
9 “ 	727
13 “ 	618
16 “ 	51
Total	2,182

TABLE II.

Systematic Examinations.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
Total number examined in each Age Group	261	275	3,023	3,138	3,173	3,085	2,300	2,404	231	350	18,240	100
<i>Nature of Defect :</i>												
1. Clothing unsatisfactory	...	...	5	3	1	4	1	2	...	...	16	0.09
2. Footgear unsatisfactory	...	...	2	4	5	3	2	...	...	...	16	0.09
3. Uncleanliness :												
(a) Head—												
(i) Nits	...	...	22	75	29	112	8	116	...	...	366	2.01
(ii) Verminous	...	...	1	13	...	8	...	3	...	...	25	0.14
(iii) Dirty	1	...	7	4	2	2	1	21	...	...	38	0.21
(b) Body—												
(i) Dirty	...	...	4	...	2	1	6	...	...	...	13	0.07
(ii) Verminous	...	...	1	4	...	1	2	...	...	...	8	0.04
4. Skin :												
(a) Head—												
(i) Ringworm	...	...	4	3	2	1	2	5	3	3	23	0.13
(ii) Impetigo	...	...	2	14	1	8	1	12	...	...	39	0.21
(iii) Other diseases	4	2	6	3	6	10	10	11	2	3	57	0.31
(b) Body—												
(i) Ringworm	1	...	3	3	4	8	2	4	7	10	42	0.23
(ii) Impetigo	...	1	1	3	1	...	2	...	...	...	8	0.04
(iii) Scabies	1	1	...	...	2	1	1	1	...	...	7	0.04
(iv) Other diseases	2	6	95	63	56	47	61	46	8	10	394	2.16
5. Defective nutrition :												
(a) Slightly defective	...	...	96	125	180	177	134	85	1	2	834	4.57
(b) Bad	...	...	...	2	1	1	1	...	...	...	5	0.03

TABLE II—continued.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
6. Mouth and teeth unhealthy	2	7	115	105	78	86	105	55	13	4	570	3.13
7. Nose, Throat and Glands												
(a) Nose—												
(i) Obstruction, requiring observation	13	7	65	43	29	15	7	6	1	2	188	1.03
(ii) Obstruction, adenoids	10	4	83	79	44	17	3	4	...	3	247	1.35
(iii) Other conditions	6	6	85	73	42	41	30	19	1	2	305	1.67
(b) Throat—												
(i) Tonsils, requiring observation	27	11	201	173	62	62	31	38	1	5	611	3.35
(ii) Tonsils, requiring operation	9	9	98	102	40	32	5	15	...	1	311	1.71
(c) Glands—												
(i) Requiring observation	7	5	58	56	19	16	15	9	...	...	185	1.01
(ii) Requiring operation ... ..	...	...	1	10	...	1	...	...	...	...	12	0.07
8. Eye conditions :												
(a) External conditions—												
(i) Blepharitis	2	3	10	9	24	29	15	12	...	3	107	0.59
(ii) Conjunctivitis ... ..	...	1	4	4	13	6	10	3	1	...	42	0.23
(iii) Corneal opacities ... ..	...	...	...	11	1	...	1	...	1	...	14	0.08
(iv) Strabismus	12	4	82	83	91	51	37	23	2	2	387	2.12
(v) Other diseases ... ..	...	3	10	6	11	13	8	3	1	1	56	0.31
(b) Visual acuity—*												
(i) Good vision (6/6 in better eye) ...	...	...	...	...	2,798	2,415	1,974	1,840	178	250	9,455	81.91
(ii) Fair vision (6/9 or 6/12 in better eye)	...	...	...	...	310	308	252	286	32	64	1,252	10.85
(iii) Bad vision (6/18 or worse in better eye)	...	...	...	...	65	60	74	93	21	14	327	2.83
(c) Recommended for refraction ... ..	...	1	22	46	97	145	94	101	18	8	532	2.92
9. Ear conditions :												
(a) Diseases—												
(i) Otorrhœa	2	2	7	15	16	5	13	6	2	1	69	0.38
(ii) Other diseases	1	...	32	24	26	7	12	9	3	1	115	0.63

(b) Defective hearing—													
(i) Grade I	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Grade IIA	...	...	...	...	...	...	...	...	...	...	...	...	...
(iii) Grade IIB	...	...	...	...	...	...	...	...	...	...	...	...	...
(iv) Grade III	...	...	...	...	...	...	...	...	...	...	...	...	...
10. Defective speech :													
(i) Defective articulation	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Stammering	...	...	...	...	...	...	...	...	...	...	...	...	...
11. Mental and nervous conditions :													
(a) Epilepsy—													
(i) Mild	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Severe	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Backward	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Dull	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) M. H. (educable)	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) M. H. (ineducable)	...	...	...	...	...	...	...	...	...	...	...	...	...
(f) Nervous or unstable	...	...	...	...	...	...	...	...	...	...	...	...	...
(g) Difficult in behaviour	...	...	...	...	...	...	...	...	...	...	...	...	...
12. Circulatory system :													
(a) Organic heart disease—													
(i) Congenital	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Acquired	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Functional conditions	...	...	...	...	...	...	...	...	...	...	...	...	...
13. Lung conditions :													
(a) Asthma	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Chronic bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Suspected tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Other diseases	...	...	...	...	...	...	...	...	...	...	...	...	...
14. Deformities :													
(a) Birth injury	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Congenital	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Acquired (infantile paralysis)	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Acquired (probable rickets)	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) Acquired (other causes)	...	...	...	...	...	...	...	...	...	...	...	...	...

* 9-, 13- and 16-year-olds only.

TABLE II—continued.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
15. Tuberculosis :												
(a) Bone and joint	1	...	1	1	...	2	...	...	...	...	5	0.03
(b) Abdomen	...	...	...	...	...	...	...	...	...	...	...	...
(c) Glands	...	...	1	...	2	...	...	...	...	...	3	0.02
16. Infectious diseases	3	1	9	4	...	2	2	...	...	...	21	0.12
17. Other diseases or defects :												
(a) Other diseases or defects	26	14	174	125	166	128	124	49	12	13	831	4.56
(b) Individual children notified	31	32	341	382	386	341	324	294	32	19	2,182	11.96
(c) Notices issued	33	24	446	476	572	446	482	428	43	21	2,971	16.29

Heights and Weights.

	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age	
				Years	Months
Nursery—					
Boys	365	38.61	30.63	3	9
Girls	337	38.16	35.43	3	9
Infants—					
Boys	3,038	42.78	42.72	5	3
Girls	2,917	42.43	41.38	5	3
9-year-olds—					
Boys	3,347	51.07	65.09	9	5
Girls	3,247	51.00	63.80	9	5
13-year-olds—					
Boys	2,235	60.15	90.44	13	6
Girls	2,601	60.29	100.48	13	6
16-year-olds—					
Boys	239	68.02	137.22	16	9
Girls	355	63.74	124.43	16	9

TABLE III.
Summary of Systematic Medical Examinations.

GROUP CLASSIFICATION		Nursery		5-year-olds		9-year-olds		13-year-olds		16-year-olds		Total	
		No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.
I.	No defect	310	57.84	4,219	68.48	4,500	71.91	3,438	73.09	381	65.53	12,848	70.44
II.	(a) 6/12+ (better eye) with or without glasses ...	...	...	4	0.06	169	2.70	156	3.31	42	7.23	371	2.03
	(b) Mouth or teeth likely to cause ill-health ...	2	0.37	48	0.78	63	1.00	77	1.64	12	2.07	202	1.11
	(c) Both (a) and (b) ... ..	...	...	3	0.05	1	0.02	15	0.32	...	...	19	0.10
	Total	2	0.37	55	0.89	233	3.72	248	5.27	54	9.30	592	3.24
III.	Temporary illness only	155	28.92	1,217	19.76	952	15.21	662	14.07	87	14.97	3,073	16.85
IV.	(a) Cure expected by treatment	58	10.82	562	9.12	465	7.43	254	5.40	53	9.12	1,392	7.63
	(b) Improvement only by treatment	11	2.05	108	1.75	108	1.73	102	2.17	6	1.03	335	1.84
	Total	69	12.87	670	10.87	573	9.16	356	7.57	59	10.15	1,727	9.47
	Total number of children examined	536	100.00	6,161	100.00	6,258	100.00	4,704	100.00	581	100.00	18,240	100.00

Average Heights and Weights.
(Height in inches; Weight in lbs.)

	1949-50		1950-51		1951-52		1952-53		1953-54		1954-55		1955-56	
	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
Nursery Boys ...	37.67	35.37	37.47	34.86	38.18	36.18	38.60	36.79	38.37	36.15	38.86	37.23	38.61	36.63
Nursery Girls ...	36.79	33.29	37.56	34.26	37.81	35.20	38.34	35.45	37.55	34.24	38.08	35.33	38.16	35.43
Infant Boys ...	42.47	42.55	42.33	42.73	42.21	42.48	41.83	42.58	42.65	42.44	42.85	42.88	42.78	42.72
Infant Girls ...	42.14	41.21	42.07	40.87	42.17	41.00	42.02	41.04	42.20	41.10	42.39	41.43	42.43	41.38
9-year-old Boys ...	51.59	64.04	51.46	62.64	51.73	63.06	50.53	64.61	51.89	64.49	51.95	65.09	51.97	65.09
9-year-old Girls ...	51.25	62.75	51.05	61.72	51.27	62.38	51.20	62.42	51.47	63.38	51.55	63.69	51.60	63.80
13-year-old Boys	59.15	92.15	59.06	92.21	59.71	92.15	59.08	92.97	59.76	94.05	59.90	95.23	60.15	96.44
13-year-old Girls	59.90	97.50	59.83	90.79	60.18	99.16	60.38	101.75	60.16	98.78	60.20	99.22	60.29	100.48
16-year-old Boys	67.40	135.00	67.33	135.90	67.11	131.72	67.51	133.94	66.68	135.70	67.61	135.87	68.02	137.22
16-year-old Girls	62.05	120.10	62.94	121.59	63.34	123.75	63.31	123.26	63.68	124.50	63.73	125.71	63.74	124.43

TABLE IV.

Return of all Exceptional Children of School Age in the Area.

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institutions	Not at School or Institution	Total
1. <i>Blind</i> ... ..	...	25	...	3	28
2. <i>Partially-sighted</i> —					
(a) Refractive errors ...	...	8	...	...	8
(b) Other conditions ...	...	12	...	...	12
3. <i>Deaf</i> —					
Grade I	2,154	...	...	...	2,154
Grade II	137*	...	...	...	137
Grade IIa	1,107	...	...	...	1,107
Grade IIb	9*	64	...	...	73
Grade III ... ..	...	69	...	...	69
4. <i>Defective Speech</i> —					
(a) Articulation ...	586	4	...	...	590
(b) Stammering ...	153	...	...	...	153
5. <i>Mentally Handicapped</i> —					
(a) I.Q. approx. 70-50—					
(i) Education Act ...	...	401	...	...	401
(ii) M.D. Acts ...	...	36	...	...	36
(b) I.Q. under 50—					
(i) Education Act ...	...	93	...	9	102
(ii) M.D. Acts ...	...	10	21	29	60
6. <i>Epilepsy</i> —					
(a) Mild ... ..	...	10	...	...	10
(b) Severe ... ..	...	8	...	...	8
7. <i>Physically Handicapped</i> —					
(a) Non-pulm. T.B. ...	...	29	...	...	29
(b) General Orthopædic ...	1,036	98	...	...	1,134
(c) Organic Heart Disease ...	...	18	...	...	18
(d) Other causes ...	...	123	...	1	124
8. <i>Multiple Defects</i> ...		Not recorded			

* A provisional sub-grading. Further investigation required.

TABLE V.
Dental Inspection and Treatment.

	Systematic Examinations	Special and Emergency Cases	Total
1. Inspected—Age 5 years	1,106	596	1,702
" 6 "	1,741	747	2,488
" 7 "	1,714	744	2,458
" 8 "	1,992	940	2,932
" 9 "	2,022	892	2,914
" 10 "	1,616	674	2,290
" 11 "	1,358	586	1,944
" 12 "	1,250	521	1,771
" 13 "	567	507	1,074
" 14 "	395	509	904
" 15 "	273	266	539
" 16 "	49	31	80
" 17 "	36	9	45
Total	14,119	7,022	21,141
2. Found to be requiring treatment	13,638	7,022	20,660
3. Number accepting treatment	7,717	7,022	14,739
4. Actually treated	6,324	7,022	13,346
5. Attendances for treatment	38,600	7,022	45,622
6. Fillings—(a) Permanent teeth	23,278	672	23,950
(b) Temporary teeth	3,056	377	3,433
7. Extractions—(a) Permanent teeth	3,489	1,685	5,174
(b) Temporary teeth	8,250	4,064	12,314
8. Number of administrations of a general anæsthetic	1,373	1,026	2,399
9. Other operations :			
Dressings—(a) Permanent teeth	3,346	591	3,937
(b) Temporary teeth	2,249	431	2,680
Scaling, gum treatment	5,067	218	5,285
Dentures fitted	174	—	174
Orthodontic appliances	154	—	154
Sundries	9,951	13	9,964
10. Half-days devoted to inspection	93	—	93
Half-days devoted to treatment	6,459	—	6,459
11. Number of children treated under private arrangements	1,143	—	1,143

APPENDIX I.

Tuberculin Testing and B.C.G. Vaccination of Children Born in 1942.

	Boys	Girls	Total
No. Offered Tuberculin Testing ...	2,402	2,697	5,189
No. Accepted	2,106	2,340	4,446
Of whom the following had contact history +ve and therefore excluded	140	128	268
	*1,966 (78·8%)	*2,212 (82·1%)	*4,178 (80·5%)
No. Tuberculin Tested	1,945	2,179	4,124
No. of Positive Reactors	435 (22·4%)	394 (18·1%)	829 (20·1%)
No. of Negative Reactors	†1,496 (76·8%)	†1,767 (81·0%)	†3,263 (79·2%)
No. Vaccinated	1,493	1,762	3,255
Post-Vaccinal Inspections	1,448 (96·9%)	1,684 (95·5%)	3,132 (96·2%)

* The difference between the number of children for whom testing was accepted and those actually tested is explained by absence from school because of illness, etc.

† 8 Children, on the day when vaccination was to be performed, were found to be suffering from some temporary ailment such as a febrile catarrh. They were, therefore, not vaccinated.

APPENDIX II.

Results of Audiometric Testing.

TABLE A.

	Number Tested	Normal	Grade I	Grade II	Grade IIA	Grade IIB	Total Defective
Age groups this session :							
Infant admits of 1955	5,698	5,231	272	19	171	5	467
Percentage of number tested		91.8	4.8	0.3	3.0	0.1	8.2
Born 1947	7,064	6,383	498	17	160	6	681
Percentage of number tested		90.1	7.2	0.3	2.3	0.1	9.9
Secondary admits of 1955	4,950	4,528	289	17	116	—	422
Percentage of number tested		91.5	5.9	0.3	2.3	—	8.5
Absentees from previous session :							
Infant admits of 1954	449	410	25	1	13	—	39
Percentage of number tested		91.3					8.7
Born 1946	337	313	16	2	6	—	24
Percentage of number tested		93.0					7.0
Secondary admits of 1954	320	288	25	1	6	—	32
Percentage of number tested		90.0					10.0
Additional Groups :							
Cases submitted by schools	1,150	953	141	13	42	1	197
Percentage of number tested		82.8					17.2
Children previously known to be defective and retested this session	2,265	721	797	70	610	67	1,544
Percentage of number tested		31.9					68.1
Children previously defective but normal on one previous test, and retested this session	1,093	885	176	2	30	—	208
Percentage of number tested		81.0					19.0

TABLE B.

	I	II	IIA	IIB	Total
Total number of children with known defect in the City	2,154	137	1,107	73	3,471
(These figures are not the summation of the above groups since individual cases may be represented in more than one of the above groups, and additional cases exist which are not represented in the groups stated.)					

PREVENTION OF ILLNESS.

HEALTH EDUCATION.

REPORT BY
THE MEDICAL OFFICER FOR RESEARCH AND HEALTH
EDUCATION.

Two years ago this report opened with the words "Health programmes can only be truly effective with the understanding, the support and the participation of the citizens." No excuse is offered for using these words once more. They illuminate the thinking, not of the Health Education Section alone, but of the Public Health Department and of the Health Committee itself. Members of the Health Committee have worked enthusiastically since 1953 to develop a new type of community participation in the health programme in Edinburgh. As a result, four Ward Health Committees in the Pilton, Central Leith, Liberton and Portobello Wards, are now actively collaborating with the Health Committee and the Medical Officer of Health. This co-operation extends to health matters far beyond the x-ray campaigns in which it all started.

Last year it was claimed that "the steady development of such community health groups, deriving their inspiration from enthusiastic public health workers and, in turn, providing a stimulus to the public health services based on the needs of the community, could become the dominating feature of public health work in the second half of the twentieth century." This development has gone ahead in Edinburgh during the year and already the people of Glasgow have seized on this new way of participating in their own health programme, and, by developing ward committees to organise their great x-ray campaign, have built up a city-wide organisation collaborating closely with their city Health Committee.

The success of the Glasgow campaign is now history but already in May and June 1957 the Edinburgh Health Committee and Medical Officer of Health are meeting community groups in preparation for the Edinburgh city-wide x-ray campaign in March 1958. The Health Committee and the voluntary workers of the Ward X-Ray Campaign Committees in Edinburgh have been pioneers in this community participation in health activities. If they succeed in their 1958 campaign the people of Edinburgh could become the first in Britain to eradicate pulmonary tuberculosis, as an endemic disease, from their city.

The Edinburgh X-Ray Campaigns—1956.

Believing, as we do, in the fundamental importance of community participation in these health campaigns and in the development of large scale household visitation by voluntary household visitors who have been given some training in the method, we were surprised to hear the view expressed in some quarters that the results of community participation did not justify all the labour involved. That much extra work is involved cannot be denied but it is instructive to look at the results achieved.

Out of 13 x-ray campaigns run in Scotland since 1953, five had failed to attract 25% of the population, while two had failed to get even 10%. These were campaigns run without full community participation. Only in six of the thirteen campaigns did more than 50% of the population come forward.

In two Edinburgh campaigns, and in the Fife, Dundee and Motherwell campaigns it was shown that community participation and voluntary household visiting should result in about 60% or more of the population coming forward for x-ray.

To illustrate this difference, Edinburgh's 1956 campaign was run in two phases. In the first phase full scale publicity methods would be developed in the four adjacent wards of Craigentinny, Holyrood, Newington and Craigmillar. The organisation of this phase would be centralised in the Public Health Department and no attempt would be made to develop community committees or participation.

The second phase would involve a full scale community effort with house-to-house visiting run by ward committees in the two wards of Portobello and Liberton.

It was hoped that a comparison of the results achieved in the two phases would illustrate the essential nature of the fullest possible community participation in any health campaign. It was important, therefore, that campaign publicity should be as fully developed in the first phase as in the second. In the event, there is little doubt that all the general forms of publicity were even more fully developed in the first phase. For example, the use of the "talking aeroplane", which was originally planned for the Portobello-Liberton campaign in the second phase, was deliberately used during the second week of the first phase. Press publicity too was more easily and intensively developed in the first two weeks than in the second phase. The results show clearly the superiority of the community method and the value of voluntary effort in public health projects.

Edinburgh X-Ray Campaigns 1956.

A comparison between a Community organised Survey with voluntary household visiting and a Survey organised centrally by the Public Health Department using general publicity methods, but no community participation or household visiting.

1st Survey General Publicity Campaign	Adult Population	Number x-rayed	Percentage x-rayed	Through-put per Unit		
				Per Unit Week	Per Unit Day	No. of Unit Days
Craigentinny	18,200	3,439	18.9	1,719	343.9	10
Holyrood	14,400	3,218	22.4	1,604	268.2	12
Newington	18,400	2,306	12.5	1,153	288.2	8
Craigmillar	11,500	2,201	19.1	1,101	220.1	10
	62,500	11,164	17.9	1,396	279.1	40
2nd Survey Community Campaign						
Portobello	16,700	9,708	58.13	2,427	511	19
Liberton	16,000	8,826	55.16	2,206.5	464.5	19
	32,700	18,534	56.68	2,317	487.7	38
Total	95,200	29,698	31.2	1,856	380.7	78

The population drawn on in the second phase (32,700) was only 52% of the population covered by the first phase (62,500) which makes the achievement of the community workers particularly noteworthy.

This campaign revealed 427 cases of pulmonary tuberculosis, of which 161 were ultimately classified as active or observation cases. In addition 41 cases of pneumoconiosis, 13 lung tumours, 171 other lung conditions, 63 cases of heart or blood vessel disease and 25 other conditions were revealed.

The pulmonary tuberculosis case rate per thousand examined was 5.5 with the highest rate (10.7) in Craigmillar and the lowest (3.5) in Portobello. Other ward rates were—Liberton 6.7, Holyrood 5.5, Craigtinny 5.0 and Newington 4.7.

Further Developments in Community Health Work.

The voluntary health campaign committees set up in Pilton and Central Leith have continued their work in collaboration with the Public Health Department, and similar committees in the Portobello and Liberton wards, having completed their x-ray campaigns, have also decided to join in the community health movement. This movement is only in its beginnings.

The Pilton and Central Leith Committees have given the movement a more stable and permanent basis by establishing themselves as voluntary Health and Welfare Committees for their respective wards. The Constitutions drafted and accepted by these two Committees embody the following declared objectives :

1. To make arrangements or assist in making arrangements for the promotion of health and general welfare in the Central Leith Ward of Edinburgh and to that end assist in the work of statutory and voluntary authorities engaged in promoting physical improvement, furthering health, including the provision of meals, laundry and other services for old people, or in pursuing any objects which now are or hereafter may be deemed by law to be charitable.
2. To promote and organise co-operation in the achievement of the above purposes and to that end bring together in council, representatives of the authorities and organisations engaged in the furtherance of the above purposes or any of them within the Central Leith Ward of Edinburgh.
3. To assist, otherwise than financially, any other charitable body in the furtherance of the above purposes or any of them.
4. To promote and carry out, or assist in promoting or carrying out surveys or enquiries relating to the health of the people of Central Leith Ward and to arrange for the forwarding to the proper authorities or organisations of the relevant facts which may be of value to those authorities or organisations in carrying out their work.
5. To arrange and provide for, or join in arranging and providing for the holding of health campaigns, exhibitions, meetings, lectures and classes in furtherance of the objects of the Committee or any of them.

The planning of **the Central Leith Lunch Club** was mentioned in last year's report as being a direct result of the Health Committee's health education work. During the year this lunch club has established itself firmly as one of the most

effective services for old people in Leith, and it is probably the most outstandingly successful lunch-club in the country. Between eighty and a hundred and ten lunches were served each day—a total of about 24,000 lunches per year. The club is managed by a sub-committee of the Central Leith Health and Welfare Committee with Miss M. Stevenson Sinclair, J.P., as convenor, and with members of the Town Council and of the Public Health staff on the committee. The serving, dishwashing, etc. are done by a group of volunteers who are mostly old age pensioners. The club is accommodated in the Cable's Wynd Hall of the Leith Provident Co-operative Society, and the Manager, Mr. Dawson, and the Board of the Society have given much generous help. The two-course meals are provided by the Corporation from the kitchens at Glenlockhart Institution at a charge of 10d. per meal. A cup of tea and a biscuit is added and a total charge of 1/- per meal is made, with a small fortnightly club subscription.

A chiropody service is provided for the old people of the club every Wednesday morning by Mrs. Hamilton.

Money is being gathered for the building-fund of the Central Leith Health and Welfare Committee through bazaars, whist-drives and a special appeal by Chief Constable Merrilees, Lothians and Peebles. A site has been provisionally allocated and it may be that the building of a club for old people will be well under way before next year's report is presented. It is hoped that this will provide club-room facilities, as well as a lunch-club, a chiropody service and a laundry service.

The Pilton Care Committee, a sub-committee of the Pilton Health and Welfare Committee, continues its work of helping in all difficulties resulting from sickness or incapacity, including old age. In this work the Care Committee acts as the District Committee of the Edinburgh Council of Social Service with whom they share the cost of maintaining a whole time secretary, who is a qualified case worker. In addition to its other health activities, the Health & Welfare Committee is now planning a day-club and lunch-club for old people and is preparing a register for a visiting service for old people. Already, through the efforts of Captain Care of the Salvation Army, who is a member of the Committee, a small lunch club has been started.

In Liberton Ward the local committee has, during the winter of 1956-57, collaborated with the Public Health Department in a health education campaign aimed at reducing the high incidence of dysentery in that ward.

The Future of Community Health Projects.

Health education through community co-operation in health plans and projects is likely to have a more profound and lasting effect on the public health than more conventional forms of health education. Last year, in this report, it was claimed that this work "could be going on in every ward in Edinburgh, but all that is at present beyond our resources. Much that could be done must be left undone because of lack of staff." This year, with few exceptions, the whole staff of the Public Health Department has volunteered to help in the ward community campaigns which are being developed for the 1958 city-wide mass x-ray survey. It is hoped that each ward voluntary committee will have a public health department team of five or six people to help them, and other members of the staff have volun-

teered to devote some of their spare time to the central administration of this huge community health project.

Thus in the short space of three years almost the whole staff of the Public Health Department has come to accept, and to join in, this community health education work—a project which seemed to be quite impossible of fulfilment three years ago.

Now that this has been achieved, it seems wise to repeat a warning taken from the brief prepared for the public health staffs working with the ward committees. “ Keeping the voluntary workers informed of the results is most important, and it has been our experience in the past that committees and voluntary workers usually suggest other health activities which they would like to foster. This enthusiasm should be accepted, and, if possible, a continuing committee should be formed. This follow-up is, in the long run, just as important as the campaigns.”

We will not consider the 1958 x-ray campaign fully successful unless there grows from it a group or committee of voluntary health workers in every ward of the city.

MEETINGS IN CLUBS, GUILDS, ASSOCIATIONS, ETC.

Once again there has been an increase in the number of these meetings as can be seen from the following figures :—

Year	No. of Meetings	Attendances	Average Attendances
1950-51	51	2,455	48
1951-52	43	1,981	46
1952-53	146	7,065	52
1953-54	258	14,647	57
1954-55	277	15,510	56
1955-56	284	11,404	40
1956-57	299	12,579	42

More and more these meetings are taking the form of discussion groups, usually stimulated by one of the sound film-strips prepared by the Central Council for Health Education. The function of the doctor or nurse at these meetings is to provide the information needed in the discussion and to help the group to reach their own conclusions and decisions based on that information.

There seems to be little doubt that people learn more, and reach more effective health attitudes and group decisions, as a result of group discussion with a skilled and informed leader, than they do as a result of the more traditional method of health education through health talks. Moreover, it seems that decisions about changes in health behaviour are more likely to be implemented when they are supported by other members of the group than when they result from individual decision.

SUNDAY CINEMA MEETINGS.

This year nine Sunday evening meetings were organised and all took place in the New Victoria Cinema. The total attendance at the nine meetings was 11,900 people and this year the tendency for the audiences to consist increasingly of teenagers was very marked, bringing with it all the difficulties of control and interest holding which are familiar to those who deal with young people.

The replacement of the formal talk from a platform speaker by a showing of coloured health slides accompanied by a commentary by an off-stage speaker has been successful in holding interest in a way that individual speakers have seldom succeeded in doing. This is understandable when one remembers that many of these young people are incapable of efficient auditory learning.

This has, of course, meant much more work for the staff of the Health Education Section since the talks, formerly prepared by the speaker, are now prepared, with a set of slides to match, within the section.

It seems clear, however, that the change from the large scale sound film medium, with all its visual advantages, to the very small scale presentation by the comparatively tiny figure of a platform speaker is not the best way to hold attention for what should be the most important part of the meeting. The message presented by coloured pictures on slides with a brief spoken commentary is an attempt to avoid this change of scale and medium, and it has been successful in keeping the natural restlessness of the teenage audiences under reasonable control. Only at one meeting did this restlessness get out of control so that the latter part of the meeting was distinctly noisy. In this year of "rock-and-roll" eight reasonably quiet teenage meetings to one noisy meeting is a picture of which the Health Committee need not feel ashamed.

An interesting and very successful experiment was the showing of the full length feature film "Mandy" as a supporting film for a talk on the care of deaf children and the newly inaugurated Edinburgh service for the early ascertainment of deafness in babies. The film "Mandy" created great interest, and grateful acknowledgment is made of the generous co-operation of the Gaumont British Film Library and the Edinburgh and South-East Scotland Section of the Cinematograph Exhibitors Association.

The subjects dealt with at nine meetings this winter were the Health Rules, Better Nutrition, Food Hygiene, Immunisation, Dental Health and Dental Caries, The Prevention of Home Accidents, Mental Health, The Prevention of Tuberculosis and the Care and Training of Deaf Children.

In addition, a very wide range of subjects was dealt with during the question periods. In particular, the opportunity was taken at every meeting to publicise the clearly proven association between cigarette smoking and cancer of the lung. The teenage audiences were urged at every meeting never to start smoking or to give it up if they had already started. Several observers claimed to notice a very marked reduction in the numbers of young people smoking at the later meetings as compared with the first meetings of the season but unfortunately no study was made of this feature.

It is becoming increasingly difficult to continue these Sunday film shows because of the lack of new health films. It is most unfortunate that there is, in this country, no national organisation and no national policy for the production of badly needed health films.

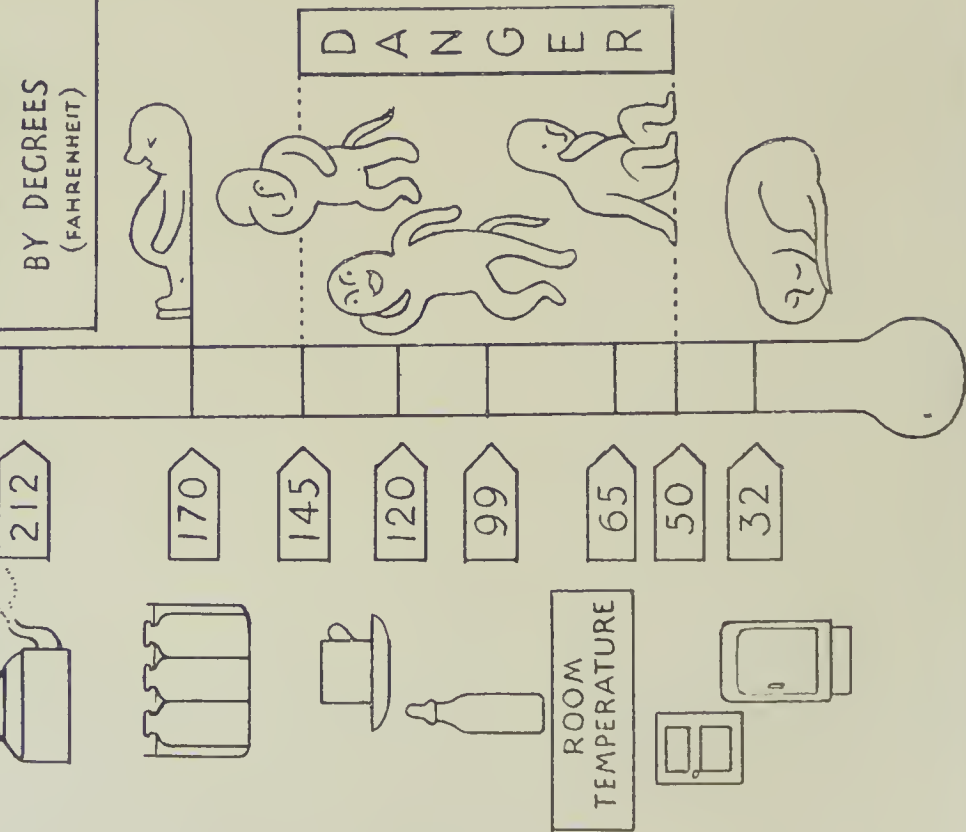
It is proposed that during the winter activities of 1957-58, in preparation for the city-wide x-ray campaign, the winter programme of regular fortnightly Sunday meetings in the New Victoria Cinema should be discontinued and a programme of Cinema meetings organised to suit the needs of the x-ray campaign committees.



HEALTH
EDUCATION
IN
SCHOOLS

(Photo by Outram's)

FIGHTING GERMS BY DEGREES (FAHRENHEIT)



FOOD POISONING

CAUSES

PREVENTION



HEALTH EDUCATION IN SCHOOLS.

It has not been possible in previous reports to record any substantial development in health education in schools. This year, however, it is pleasant to record a most rewarding experience in this sphere. With the encouragement of the Director of Education and the co-operation of the headmaster, Mr. Norman Murchison, and the staff of the Science Department of Ainslie Park Junior Secondary School, I have been attending there twice weekly as a health teacher, using health films, film strips, flannelgraphs, anatomical models, bacterial cultures, and microscopical specimens. Altogether 52 health films were shown and the method of question and answer was freely used. All this was done in accordance with a scheme of Health Education prepared with Dr. Bowden and approved by Dr. Reith, the Depute Director of Education, and Mr. Murchison, the headmaster.

This experiment was planned as a science course in human biology using visual aids as widely as possible. It was based on Dr. Bowden's methods of "learning through doing", by giving the children cut-out charts, such as the food infection chart illustrated on facing page which the children had to cut up and paste into their science notebooks, with their own explanatory notes, after the lesson was over.

Much experience has been gained from this year's work which will enable us to develop the course more effectively next session, but this first year of trial and error has been so encouraging that it is reasonable to hope that this experiment may be the beginning of a more highly developed system of health education in Edinburgh schools, and I wish to thank the Director and Depute Director of Education for their encouragement, and the Headmaster and all the Science staff of Ainslie Park School for their co-operation. To Dr. Bowden, special thanks are due for the very great deal of work involved in planning this course.

The lessons were limited to third-year boys and girls but the films were shown and some brief lessons given to lower forms by the teachers. To a limited extent, therefore, the teaching of health subjects did filter down through the lower forms of the school.

Each lesson and discussion occupied a double period of an hour and twenty minutes, and a group of the science teachers attended and used the same materials for lessons to other classes. The children showed great interest and a comparison of their knowledge before and after the course by means of a test paper showed a considerable improvement. A fuller report on the results of this test is being prepared for inclusion in a joint report on this experiment.

A test paper had been previously set to the corresponding age group at the end of the 1955-56 session and the results were compared with those for the same test given to the 1956-57 third-year after their course, with the following results:—

		1955-56			1956-57		
		Average Mark %	Highest %	Lowest %	Average Mark %	Highest %	Lowest %
Girls	3G1	38.7	50	26	65.1	85	50
	3G2+3G3	40.3	56	15	50.7	67	33
	3C1	49.1	63	32	53.3	78	45
Boys	3B1	50.25	65	35	57.0	75	40
	3B2	41.84	54	25	51.1	66	36

HEALTH EDUCATION FOR DAY-RELEASE STUDENTS.

For some time now occasional health talks have been given by members of the Public Health staff in various technical schools and continuation classes including the Regent Road Institute, the Edinburgh's Education Department's college for students in the 15-18 year age group released by their employers for one day each week for the Further Education Day-Release Classes.

This year Mr. R. G. McLeod, the Headmaster, asked that a more systematic form of teaching in at least a limited range of health subjects might be attempted. As a result, a course of eleven lessons was organised. As a different group of students attends the Institute on each day of the week, each of the eleven lessons had to be repeated five or six times, in each case to a group of 50-70 students, the majority of whom were post office employees or young civil servants. A total of 296 students attended this course of eleven lessons covering such subjects as preventive medicine and the work of the Public Health Department, good nutrition, food hygiene, the prevention of tuberculosis, mental health, dental health, smoke abatement, smoking and health, home accident prevention, the biology of human reproduction and radioactivity and health.

A total of 71 lecture-discussions was necessary to complete this course but the interest shown by the students was so considerable that all those members of the public health staff who took part expressed the view that the effort involved had been fully justified. The Headmaster has written that "The impact of the course on the students has been impressive. I have never known of lectures arousing so much interest and discussion among the students, and the staff are now giving the benefit of the lectures at second-hand to some of the students who, for reasons of space, could not hear the original talks."

A class of girls from Crawford's biscuit factory wrote in a special article for their magazine that they would "long remember the wonderful talks on 'Personal Hygiene' we had from Nurse Alexander."

Before and after this short course a sample of the students was asked to complete a Health Information Test-paper similar to that prepared for Ainslie Park School, with the following results. :—

			Number of Students	Marks (Possible total— 130 marks)		
				Lowest	Median	Highest
January	...	...	85	45 (34.6%)	68 (52.3%)	98 (75.4%)
March	...	...	84	65 (50.0%)	87 (67.9%)	114 (87.7%)
				—	—	—
				+20	+19	+16
				—	—	—

If these few lessons by specialists from the Public Health Department could be supplemented by basic teaching in health matters through a curriculum course in human biology, this large group of young people would leave the Institute much better equipped for life than when they enter.

TRAINING OF HEALTH EDUCATORS.

Experience in Ainslie Park School and in the Regent Road Institute has re-inforced the conviction that the successful development of health education in schools and other education establishments is the most important task facing the Health Education Section. It is also likely to be the most effective and rewarding form of health education.

A moment's consideration will reveal how impossible it would be for school doctors and health visitors to carry through the health education work in every class in every form in every school in Edinburgh. Every moment of their time would not be sufficient for them to carry out a truly adequate course in health education of such extent. Only if the teaching staffs join in this work will it be possible to establish health education as an essential part of the educational process of equipping children and young people for life. Teacher participation then is the key to success in school health education and one aspect of the problem is to find teachers who are willing and able to do basic health teaching, including simple physiology and anatomy instruction. Doctors and health visitors have their place, but health education in schools should be teamwork, with teachers as the mainstay of the work, and doctors and nurses as resource personnel to help them.

Health Education Training for Teachers.

Particular importance, therefore, attaches to the Health Education course for teachers in training at Moray House. This year the Medical Officer for Research and Health Education carried through two health education courses of 22 lessons each for the male students. Similar courses for all the female students are undertaken by Dr. Chisholm, the Medical Officer of the college. In addition, Dr. Mair carried out a shorter 10 lecture refresher course for established teachers during the summer vacation. In these courses every effort is made to stimulate in the future teachers an interest and enthusiasm for health education as a means of producing better and healthier citizens, and a considerable amount of time is devoted to introducing the visual aids that are available to teachers.

Health Education in the D.P.H. Course.

This year it is gratifying to be able to report an important development in the teaching of health education methods to doctors taking the course for the Diploma in Public Health of Edinburgh University.

Through the good offices of Professor J. H. F. Brotherston, the World Health Organisation arranged for Professor Ruth Grout of the University of Minnesota to spend one week in Edinburgh to take part in the health education course and to advise on its development. Following a short preparatory course on methods and materials in health education the whole of the week of Professor Grout's visit was

devoted to health education and the students became very much more deeply involved and interested than in any previous course. For the first time, too, they were shown how to produce their own materials and visual aids, producing several flannelgraphs, a film strip on smoke abatement, and a short movie-film on mental health.

The concentration of the course into a period of little more than a week had the great advantage of involving the students completely for a short period in the problems of health education, but naturally such compression carried with it its own problems, as time was hardly adequate for the completion of practical work or the development of project study to its conclusions. However, as an experimental development the course must be accounted highly successful and our most sincere thanks go to Professor Grout for the unsparing way in which she devoted her whole time, her experience and her enthusiasm during her week in Edinburgh. To Professor Brotherston too our thanks are due for his help and his encouragement.

Health Education in the Health Visitor's Course.

This is organised by Miss Stevenson, the Health Visitor Tutor. The students are instructed in all aspects of health education.

Once again three members of the staff attended the Summer School on Methods and Media in Health Education organised in St. Andrews by the Scottish Council for Health Education with Dr. A. G. Mearns as the leader. This year the Health Committee sent a doctor, a health visitor, and a sanitary inspector who found the course stimulating and useful, and as a result of their suggestions an attempt is being made to introduce more practical work for the students in the 1957 School.

Central Council for Health Education Summer School.

For some years now the Central Council for Health Education has organised a very concentrated and successful summer school under the leadership of Dr. John Burton. This year I was invited to attend as a member of the teaching staff and was extremely impressed by the methods adopted. The enthusiasm engendered amongst the students is remarkable, and the practical work done is of a very high standard.

This year a sound-film dealing with the subject of good posture was produced, the script, the direction, the photography and the sound commentary being done by the students themselves. Five sound film-strips were prepared and a very large number of flannelgraphs, shop window displays, leaflets and posters was produced. Several of the posters were of professional standard and there was no doubt of the enthusiasm of the students on the final day when all these visual aids were presented. At this final session the reports of the discussion groups were also tabled,

several of them being produced in dramatised form, so that the final day was an impressive record of the work done during the previous nine days.

The students attending included a number of Medical Officers of Health, health visitors, sanitary inspectors, hospital sisters, school teachers, health education officers and a few experts in such related spheres as magazine editors, town councillors and local authority administrators.

NUTRITION IN OLD AGE.

During the last two years many talks on this important subject have been given to groups involved in the care of old people, including an address to the Annual Conference of the Scottish Old Peoples Welfare Council. Out of such propaganda has arisen the Central Leith Old People's Lunch Club and the Salvation Army lunch club for old people in Pilton, and there is now a considerable movement in Edinburgh aimed at the provision of adequate lunch club facilities for old people in different parts of the city.

THE PREVENTION OF HOME ACCIDENTS.

During the year a great deal of publicity has been given to this subject and special thanks are due to those members of the Edinburgh Accident Prevention Council who have given many talks to interested groups in the city.

A small exhibition on this subject was prepared for the Conference of Paediatric Surgeons in the Western General Hospital, which may form the basis for a larger exhibition in the future. The Health Committee have decided to sponsor a large-scale campaign against home accidents in 1958 after the mass x-ray campaign is over.

VISUAL AIDS.

In September 1956 the Health Committee's decision to employ as a temporary measure an artist on a part-time basis was implemented, when Mr. A. B. Imrie, a well-known Edinburgh artist and teacher in the College of Art, joined the staff of the Health Education Section. His work has been invaluable in the experimental development of health education in Ainslie Park School, and in the preparation of posters, flannelgraphs and other display materials. A number of his posters have been sold to other local authorities and to the Scottish Council for Health Education and it may be hoped that much more of his work may be sold in future.

As the work of health educators in schools expands, his help will be indispensable and it is hoped that his appointment will be put on a more permanent basis.

EDINBURGH FILM FESTIVAL.

Public Health Film Show.

This feature of the Edinburgh Film Festival has now become a regular annual feature and this year in collaboration with the Scottish Educational Film Conference

Committee of the Scottish Film Council, a very successful and well-attended meeting took place in the Cameo Cinema at which the following three films were shown :—

STILL GOING PLACES—An American film on active management of disability in the aged, produced in 1955.

BORDERLINE—A Canadian National Film Board production dealing with a teenager's problems. This is one of the CNFB Mental Health series.

THE TREATMENT OF CEREBRAL PALSY IN NEW ZEALAND—A film made by the New Zealand National Film Unit in 1955, showing the methods adopted in New Zealand to assist both children and adults afflicted by cerebral palsy.

The American film was introduced by Colonel Willard Webb, Library of Congress, Washington, leader of the U.S. Delegation to the Edinburgh Film Festival.

INTERNATIONAL RESEARCH IN HEALTH EDUCATION.

The Health Committee may be interested to know that, following several field studies of the effectiveness of different health education methods, the Medical Officer for Research and Health Education has been appointed to the Committee for Scientific Research in Health Education recently set up by the International Union for Health Education of the Public. So far the work of the Committee has been purely exploratory, but the Health Committee will, no doubt be interested to hear of future developments.

ACKNOWLEDGEMENTS.

At the end of a very busy year it only remains to state how deeply we appreciate the work of all those, both within the Department and outside, who have helped to make the work possible.

PREVENTION OF HOME ACCIDENTS.

There was an increase of 146 in the number of accidents in the home reported to the department by the hospital authorities and the Edinburgh City Police during the year.

As notification is incomplete, the total of 851 does not represent the incidence of such accidents in the city. There was a reduction of thirty and twenty-four respectively in the number of burning and scalding accidents notified, but ten burning accidents had fatal terminations. The number of fatalities amongst infants arising from accidental suffocation due to the inhalation of vomited matter was 14, a similar figure to that recorded in 1955.

This represents quite a serious loss in child life and the health visitors make a point of stressing this danger on mothers and of advising them on the precautions to be observed and the vigilance necessary during the first months of infant life.

Twenty-five young children were reported as suffering from the effects of poisoning, and care is required to ensure that dangerous substances are kept out of reach, preferably in a locked cupboard.

Apart from the individual advice and guidance given by health visitors during their routine visits, emphasis has been given to the prevention of accidents at many meetings in the city during the year.

A comprehensive survey of accidents in the city has been planned by the Department of Social Medicine and Public Health, Edinburgh University, in collaboration with the specialists at the various hospitals and is expected to commence early next year. Home accidents will be included in the survey and health visitors and the department will play an important part in collecting the necessary facts by visitation in the homes.

Table I shows the classification of accidents reported and Table II gives details of the fatal cases.

TABLE I

Home Accidents reported and investigated during 1956.

Age Groups			Fractures		Burns		Scalds		Poisoning		Cuts and Lacerations		Other		Totals	
									Gas	Other						
Sex			M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 7	...	...	15	17	31	22	40	28	—	—	15	10	81	46	46	51
7-65	...	...	3	14	18	26	15	42	—	—	1	1	76	76	44	81
Over 65	...	...	—	7	1	2	—	2	—	3	—	—	4	8	5	20
Totals	...	...	18	38	50	50	55	72	—	3	16	11	161	130	95	152
			56		100		127		3		27		291		247	
															851*	

* This total includes 185 patients treated at Sighthill Health Centre.

TABLE II

Deaths from Accidents in the Home during 1956.

Age Groups			Fractures		Burns		Scalds		Poisoning				Accidental Mechanical Suffoca- tion		Other		Totals	
									Gas		Other							
Sex			M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Under 1	...	...	—	—	—	—	—	—	—	—	8	6	—	1	8	7
1-5	...	...	—	—	2	—	—	—	—	1	—	—	—	—	3	—
5-45	...	...	—	—	—	—	—	—	4	—	—	—	—	1	—	5
45-55	...	...	—	1	—	—	—	—	1	1	—	1	—	3	—	3
55-65	...	...	—	2	—	—	—	—	1	—	—	—	—	—	1	2
65-75	...	...	6	9	1	1	—	—	2	—	—	—	—	1	—	10
75-85	...	...	10	28	2	3	—	—	2	6	—	—	—	1	3	40
Over 85	...	...	6	18	—	1	—	—	—	4	—	—	—	—	—	23
Totals	...	...	22	58	5	5	—	—	10	11	1	1	8	6	52	85
			80		10		—		21		2		14		137			

FIREGUARD LOAN SCHEME.

This scheme, organised by the Home Safety Committee of the Edinburgh Accident Prevention Council, and with the financial support of the Health Committee, has now been functioning smoothly for over six years, and by the end of the year 2,150 fireguards were out on loan in the city as against 1,650 in December 1955.

This scheme is of considerable value in the preventive field and it is hoped that its continued expansion will eventually lead to a marked reduction in the number of serious burning accidents to young children.

796 guards were issued or re-issued during the year, 10 of which were loaned to households containing aged or handicapped persons.

The waiting list at the close of the year was 279, a reduction of over two hundred from the 1955 figure.

PREVENTION OF TUBERCULOSIS.

Once more it can be reported that there has been a reduction in the recorded incidence of tuberculosis in Edinburgh. This fall has continued from that in 1955 which was the turning point of the post-war upward trend.

The death-rate from respiratory tuberculosis again fell although it might only have been expected to be maintained at last year's level owing to the great decrease in 1955. The rate for 1956 is the lowest among the four cities and is indeed the same as the county rate (excluding cities and large burghs) for Scotland as a whole. Modern treatment usually gets the full credit for such results but perhaps a modest claim can be made that the preventive services have also played a part in bringing this about. If it were all due to chemotherapy, surely the death-rates for different areas would more nearly approximate to one another. If not entirely due to chemotherapy, then those areas where cases are sought out at an earlier stage of the disease will show to better advantage as far as death rates are concerned.

Another favourable indication in the trend of tuberculosis in the city is shown by the decline in tuberculous infection as measured by the tuberculin test in school-leavers with no known history of contact with tuberculosis. The percentage of positive reactors in this age group has fallen from 30·5 in 1954 to 20·1 in 1956. The details are as follows.

Year of testing	1954	1955	1956
Year of birth	1940	1941	1942
No. offered Tuberculin testing	5,019	4,816	5,189
No. accepting	4,144	3,892	4,446
No. tested	3,807	3,732	4,124
No. positive reactors	1,163	908	829
Percentage positive reactors	30·5	24·3	20·1

Respiratory Tuberculosis.

The number of new notifications of confirmed respiratory tuberculosis was 603, a decrease of 35 from last year. This gives a notification rate of 129 per 100,000 as compared with 136 for 1955.

Of the 603 new cases 365 were males and 238 females—an increase of 22 males and a decrease of 57 females. The peak incidence for males occurred in the 45-55 years old group, whilst that for females was in the ages 15-25 years.

Information about the methods by which they were discovered is known in 599 of the 603 new patients. Symptom group examination gave the greatest

yield with 391 cases (65.3 per cent.), then mass miniature radiography of the general public 137 (22.9 per cent.), contact group 63 (10.5 per cent.), National Service recruits 6 (1.0 per cent.) and school staff 2 (0.3 per cent.). Contact group examination gave a much smaller yield than in the previous year and mass radiography of the general public played a relatively more important part in case-finding.

Deaths (42) were 7 fewer than last year, giving a rate of 9 per 100,000, and the greater proportion of deaths occurs in the over 45 years age groups. Ten years ago about 38 per cent. of deaths from respiratory tuberculosis were in those over 45 years of age, whereas this year 79 per cent. were in this group.

The number on the respiratory tuberculosis register at the end of the year had increased by 228 males and 140 females to a total of 5,301 (2,810 males, 2,491 females).

A census taken on 31st August 1956 showed that there were 36 known sputum positive cases not in hospital. A visible index of such cases, grouped under the name of the chest physician in charge of the patient, is now kept where it may serve as a reminder to the chest physician.

Non-respiratory Tuberculosis.

The number of new notifications was 63 (25 males, 38 females), being a decrease of 6 males and 11 females from the 1955 figure and giving a notification rate of 13 per 100,000 compared to 17 per 100,000 in 1955. Deaths numbered 8, equivalent to a death-rate of 2 per 100,000, both figures being the same as the previous year. As six of those deaths were notified only at or after death perhaps some details would be helpful. Two were " transfers-in " (1 male aged 42 years, 1 female aged 36 years), one miliary tuberculosis discovered post-mortem the original diagnosis being sarcoidosis (female aged 71 years), one deformity of spine resulting from tuberculosis 70 years ago (female aged 75 years), one tuberculosis of spine discovered during investigation in hospital of paralysis and cardiac failure (female aged 72 years), and one calcified glands found in an operation to relieve chronic intestinal obstruction (female aged 56 years).

The number on the non-respiratory tuberculosis register at the end of the year was 632 (259 males, 373 females), being an increase of 5 males and 10 females.

Tuberculosis Register.

Additions to the tuberculosis register have again been in excess of removals with the result that there has been a net increase of 383 over the 1955 figure, bringing the total at the end of 1956 to 5,933 (3,069 males, 2,864 females).

Health Visiting.

The number of health visitors (14) remained the same and their good work continued. During the year they paid 19,044 visits to 5,415 notified cases of tuberculosis and 7,784 visits to others. In addition there were 5,099 "no access" visits. Their work in connection with the examination of occupational contacts is still hampered by the lack of reasonable on-the-spot facilities for chest x-ray, a difficulty which was mentioned last year. The Medical Officer of Health submitted a report to the Health and Education Committees in November on the desirability of the Corporation purchasing and operating its own mass miniature radiography unit. After consideration both committees decided that an approach be made to the Department of Health for Scotland to find out its reaction to the proposal.

Laundry.

Assistance with laundry was given to twenty-four households during the year. The laundry was first disinfected at the Disinfecting Station and then laundered under contract by a local firm—delivery being made by the department's motor van staff. The average weekly number of households assisted in this way was thirteen and articles laundered totalled 7,312.

Rehousing.

Under the Corporation's priority scheme for tuberculous patients 175 families were rehoused during the year, 98 from category I and 77 from category II. In addition others who, although suffering from tuberculosis, were "not eligible" for priority I or II, were helped by the award of priority points to their housing application. Priority recommendations in categories I and II still outstanding at the end of year numbered 206, being 119 less than at the same date in 1955.

Hostel.

In 1955 the Corporation decided to provide a hostel at Muirhouse for homeless men suffering from tuberculosis, but in March 1956 the Department of Health for Scotland informed the Corporation that, whilst in sympathy with the project, the expenditure was not approved.

Here it may be relevant to mention the results of visits by a mobile x-ray unit to the common lodging-houses in February in collaboration with the National Assistance Board and the lodging-house managers. Although there was in the

houses visited accommodation for a total of 1,500 persons (1,300 males, 200 females) there were only 988 residents at the time, of whom 419 attended for x-ray. The response varied greatly, as can be seen from the following—

							%
9 x-rayed out of 90 residents				...	...	...	10.0
62	„	„	300	„	...	...	20.7
11	„	„	49	„	...	...	22.4
43	„	„	109	„	...	...	39.4
35	„	„	70	„	...	...	50.0
179	„	„	280	„	...	...	63.9
80	„	„	90	„	...	...	88.9
<hr/>							<hr/>
419			988				42.4
<hr/>							<hr/>

Twenty-five new cases of active respiratory tuberculosis were discovered as well as 4 pneumonia and 4 pneumoconiosis cases. Of the tuberculosis cases 10 were later shown to have a positive sputum.

Other aspects of Tuberculosis.

Tuberculosis in School Children
B.C.G. Vaccination of School-leavers } see School M.O. Report, page 81.

M.M.R. Survey of 6 Municipal Wards—see Health Education Report, page 106.

Disinfection, see page 146.

Attendances at Chest Clinics.

During 1956 there was an increase of 328 in the number of attendances at the Royal Victoria Dispensary. Figures of attendances for the past ten years are given :—

Year			Attendances	Year			Attendances
1947	...	...	23,508	1952	...	...	36,761
1948	...	...	27,505	1953	...	...	37,588
1949	...	...	34,574	1954	...	...	28,564*
1950	...	...	36,896	1955	...	...	31,361*
1951	...	...	38,261	1956	...	...	31,689*

Does not include patients and contacts who returned for tuberculin test readings,

Details of attendances at the peripheral out-patient clinics for the year are given below :—

Royal Victoria Hospital	...	...	...	...	4,988
City Hospital	...	...	...	...	2,027
Northern General Hospital	...	...	...	...	2,533
Southfield Hospital	...	...	...	...	476
M.O.P.D., Royal Infirmary	...	...	...	...	734
S.M.M.P.	...	...	...	...	154
					<hr/> 10,912
Royal Victoria Dispensary	...	...	...	...	31,689
					<hr/> Total Attendances at Clinics 42,601 <hr/>

Hospital Admissions.

Of the 603 patients notified during the year 357 were admitted to hospital, a higher percentage than last year.

Hospital Bed Accommodation.

Hospital	Male	Female	Children	Total
City Hospital	96	74	..	170
Royal Victoria Hospital	52	38	..	90
Southfield Hospital	30	36	22	88
East Fortune *	46	14	7	67
Bangour (Non-Pulmonary)	18	18	14	50
Totals	242	180	43	465

* No specific allocation of beds for Edinburgh patients—figures given represent beds occupied by Edinburgh patients at 31st December, 1956.

Housing.

During the year 175 families were rehoused under the Corporation's priority scheme for tuberculosis patients, as against 302 in 1955. At 31st December, 1956, 206 families in categories I and II were awaiting rehousing, 119 less than at the same date in 1955.

The following table shows the type of house occupied by the 603 cases of respiratory tuberculosis notified during the year :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
36	119	216	196	22	14	603

B C.G. Vaccination.

B.C.G. vaccination is still limited to three classes of persons, namely contacts, school-leavers and others at special risk such as nurses and medical students. There has been an increase in the number of B.C.G. vaccinations in all classes. During the year 6,574 were tuberculin tested (6,062 in 1955) and of this number 4,611 were found to be negative (3,642 in 1955). The number vaccinated was 4,786, an increase of 1,984 over the 1955 figure. The following table gives details in the form rendered to the Department of Health for Scotland each year :—

Category	Tuberculin Tested		Negative Reactors		Vaccinated during 1955 *	
	M.	F.	M.	F.	M.	F.
Nurses	14	563	2	200	4	274
Medical Students ...	348	290	117	93	116	93
Contacts	721	638	569	470	604†	542†
School leavers	1,945	2,055	1,495	1,665	1,490	1,663
New-born babies ... ..	...	...	...	...	...	...
Others ... ..	...	...	...	...	...	...
Totals	3,028	3,546	2,183	2,428	2,214	2,572
	6,574		4,611		4,786	

* Including vaccinations where the tuberculin tests were carried out in the previous year.

† Includes 33 males and 31 females (new born babies) vaccinated at Willowbrae House

Tuberculosis Death Rates in Scotland.

The death rates quoted below, which are taken from the Registrar-General's preliminary statement for 1956, enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

Town	Death rate per 1000		Town	Death rate per 1000	
	Respiratory Tuberculosis	All forms of Tuberculosis		Respiratory Tuberculosis	All forms of Tuberculosis
Glasgow	0.25	0.27	Paisley	0.30	0.31
Edinburgh	0.09	0.11	Greenock	0.23	0.27
Dundee	0.14	0.17	Motherwell & Wishaw	0.23	0.24
Aberdeen	0.10	0.10	Clydebank	0.14	0.14

SCOTLAND :— Respiratory T.B., 0.14 , All forms 0.16.

RESPIRATORY TUBERCULOSIS.

The number of confirmed new cases notified during the year was 603, a decrease of 35 from the previous year. In the table below the cases are allocated to municipal wards.

			Notifi- cations	Rate per 1000				Notifi- cations	Rate per 1000
1.	St Giles	...	32	1·6	15.	St Andrew's	...	13	0·8
2.	Holyrood	...	25	1·4	16.	Broughton	...	20	1·1
3.	George Square	...	14	0·9	17.	Calton	...	21	1·2
4.	Newington	...	23	1·1	18.	West Leith	...	18	1·1
5.	Liberton	...	59	2·1	19.	Central Leith	...	22	1·1
6.	Morningside	...	11	0·7	20.	South Leith	...	29	1·4
7.	Merchiston	...	7	0·5	21.	Craigen-tinny	...	32	1·4
8.	Colinton	...	22	1·2	22.	Portobello	...	34	1·6
9.	Sighthill	...	32	1·3	23.	Craigmillar	...	32	1·7
10.	Gorgie-Dalry	...	21	1·0	Institutions and Military				
11.	Corstorphine	...	16	0·9	Quarters		...	43	...
12.	Murrayfield-Cramond		15	0·9					
13.	Pilton	...	39	1·4			Total	...	603
14.	St Bernard's	...	23	1·0					1·29

The deaths and death-rates in municipal wards are shown in the following table. The total deaths numbered 42 as against 49 in 1955.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
				M	F	Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and up- wards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2	Holyrood ...	1	0·06	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
3	George Square ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4	Newington ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
5	Liberton ...	1	0·04	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
6	Morningside ...	4	0·25	...	4	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3
7	Merchiston ...	1	0·07	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
8	Colinton ...	1	0·05	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Sighthill ...	3	0·12	1	2	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...
10	Gorgie-Dalry ...	3	0·14	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
11	Corstorphine ...	2	0·12	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
12	Murrayfield and Cramond ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
13	Pilton ...	1	0·04	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
14	St Bernard's ...	2	0·09	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
15	St Andrew's ...	2	0·13	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
16	Broughton ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
17	Calton ...	3	0·17	3	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...
18	West Leith ...	2	0·12	2	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
19	Central Leith ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
20	South Leith ...	4	0·20	3	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
21	Craigentiny ...	4	0·17	4	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	...
22	Portobello ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...
23	Craigmillar ...	2	0·11	1	1	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
	Institutions and Military Quarters ...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
	Totals ...	42	0·09	29	13	...	...	...	...	...	...	2	3	...	4	7	...	11	2	9 4

Patients Treated in Tuberculosis Hospitals during 1956.

Patients		Remained at 1st Jan. 1956	Admitted During Year	Discharged During Year	Died in Hospital	Remaining at 31st Dec. 1956
Adults	Male ...	234	472	474	37	195
	Female ...	143	261	320	24	60
Children	Male ...	40	30	33	—	37
	Female ...	7	21	24	—	4
Totals ...		424	784	851	61	296

NON-RESPIRATORY TUBERCULOSIS.

Notifications of non-respiratory tuberculosis numbered 63 as compared with 80 in the previous year. The number of deaths (8) was the same as in 1955. The following is a record of notifications and deaths since 1942:—

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1942	47	2	21	11	37	24	4	3	1	3	16	3	32	4	6	17	183	67	43	16
1943	29	...	18	9	33	27	3	...	5	5	20	4	28	2	2	15	150	64	36	15
1944	41	3	13	5	27	21	1	1	4	4	21	3	25	1	3	9	151	47	36	11
1945	38	3	16	10	32	35	5	1	3	8	19	11	18	4	2	2	143	76	34	18
1946	28	3	18	4	28	31	4	...	6	4	19	5	16	5	1	7	133	59	29	13
1947	23	...	22	6	24	24	2	...	6	1	14	6	21	3	19	8	131	48	27	10
1948	30	...	20	4	23	21	3	1	6	1	19	2	24	4	6	4	131	37	27	8
1949	34	2	15	4	21	6	1	...	9	1	25	4	22	2	4	2	131	21	27	4
1950	30	1	15	3	20	11	3	...	9	4	15	...	14	2	8	1	114	22	23	5
1951	8	...	9	2	13	7	...	...	10	...	20	3	17	2	4	2	81	16	17	3
1952	15	2	9	2	14	6	...	...	12	3	16	3	27	2	7	...	100	18	21	4
1953	25	...	4	1	13	3	3	...	16	2	17	2	30	2	2	1	110	11	23	2
1954	20	1	7	...	11	2	3	...	17	2	9	2	14	...	3	...	84	7	18	1
1955	27	1	8	...	4	2	1	...	8	1	6	2	11	...	15	2	80	8	17	2
1956	18	1	4	...	1	1	...	...	20	1	2	2	14	1	4	2	63	8	13	2

Respiratory Tuberculosis Notifications.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	23	23	71	102	57	65	57	26	38	12	30	8	12	7	288	243	531	126
1946 ...	21	14	71	110	84	65	57	36	57	10	33	6	18	10	341	251	592	129
1947 ...	28	20	0	131	68	74	67	32	42	10	44	7	15	8	324	282	606	125
1948 ...	40	42	0	121	72	75	46	32	60	12	33	5	26	9	357	296	653	134
1949 ...	44	26	8	144	67	64	68	34	44	18	39	7	21	7	361	300	661	135
1950 ...	42	64	85	138	56	71	54	25	49	11	39	12	19	12	348	333	681	139
Average 1946-50	35	33	75	129	69	70	59	32	50	12	38	8	20	9	346	293	639	132
1951 ...	31	52	74	122	59	64	60	28	43	12	40	11	21	12	328	301	629	135
1952 ...	59	48	73	134	71	92	63	31	59	12	39	9	22	10	386	336	722	152
1953 ...	59	73	90	119	67	95	59	44	83	22	42	9	26	9	426	371	797	169
1954 ...	75	71	90	144	62	87	55	44	55	21	55	6	24	11	416	384	800	170
1955 ...	33	53	63	103	55	68	50	49	63	22	56	9	23	9	343	295	638	136
Average 1951-55	51	56	78	124	63	81	57	39	61	18	46	9	23	10	380	337	717	152
1956 ...	35	27	53	77	59	51	53	45	80	20	51	11	34	7	365	238	603	129

Respiratory Tuberculosis Deaths.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	4	7	19	43	24	36	31	20	28	10	27	7	14	8	147	131	278	65
1946 ...	7	4	23	49	22	32	31	14	43	6	27	5	18	11	171	121	292	64
1947 ...	9	10	15	46	25	40	33	31	33	6	36	4	20	6	171	143	314	65
1948 ...	8	11	22	41	31	33	21	24	44	10	21	5	19	11	166	135	301	62
1949 ...	3	6	23	44	17	38	26	16	28	10	33	2	19	5	149	121	270	55
1950 ...	1	3	7	29	23	29	24	12	35	10	29	9	18	8	137	100	237	48
Average 1946-50	6	7	18	42	24	35	27	19	36	8	20	5	19	8	159	124	283	59
1951 ...	2	...	8	12	9	19	9	9	23	5	21	10	22	7	94	62	156	33
1952 ...	3	3	8	11	9	6	9	5	25	3	13	6	15	9	82	43	125	26
1953 ...	...	1	3	3	6	10	15	4	16	6	23	4	15	3	78	31	109	23
1954 ...	...	1	1	4	4	4	6	4	13	7	11	6	19	8	54	34	88	19
1955 ...	...	1	...	3	3	5	4	2	4	3	5	4	13	2	29	20	49	10
Average 1951-55	1	1	4	7	6	9	9	5	16	5	15	6	17	6	67	38	105	22
1956 ...	...	...	...	...	2	3	...	4	7	...	11	2	9	4	29	13	42	9

Non-Respiratory Tuberculosis Notifications.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	35	30	13	23	6	14	5	8	7	12	5	5	71	92	163	28
1946 ...	36	24	12	18	6	12	2	4	4	5	6	4	66	67	133	29
1947 ...	25	26	10	21	9	8	3	13	4	3	4	5	55	76	131	27
1948 ...	34	18	11	23	7	9	3	5	3	3	5	10	63	68	131	27
1949 ...	22	18	12	22	7	14	3	9	5	4	4	11	53	78	131	27
1950 ...	22	23	14	15	8	10	2	6	3	6	2	3	51	63	114	23
Average 1946-50	28	22	12	20	8	10	2	7	4	4	4	7	58	70	128	27
1951 ...	12	16	7	13	3	6	3	2	3	5	3	8	31	50	81	17
1952 ...	12	15	13	13	6	10	6	2	6	7	2	8	45	55	100	21
1953 ...	11	13	8	16	9	15	9	5	5	5	6	8	48	62	110	23
1954 ...	13	14	9	12	7	8	3	6	1	3	...	8	33	51	84	18
1955 ...	9	5	2	17	7	11	4	6	2	5	7	5	31	49	80	17
Average 1951-55	11	13	8	14	6	10	5	4	3	5	4	7	38	53	91	19
1956	3	3	5	13	3	7	6	5	3	5	5	5	25	38	63	13

Non-Respiratory Tuberculosis Deaths.

Year	Under 15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
Average 1941-45	15	15	2	10	2	3	1	2	2	3	5	5	27	38	65	16
1946 ...	11	17	6	1	5	2	1	3	4	2	3	4	30	29	59	13
1947 ...	10	9	4	3	1	4	1	4	3	2	5	2	24	24	48	10
1948 ...	13	7	1	6	1	1	...	...	1	...	3	4	19	18	37	8
1949 ...	1	2	1	3	1	2	...	1	3	1	1	5	7	14	21	4
1950 ...	2	5	1	2	1	...	1	2	2	1	4	1	11	11	22	5
Average 1946-50	7	8	2	3	2	2	1	2	3	1	3	3	18	19	37	8
1951 ...	1	7	1	2	1	...	1	2	2	1	4	1	7	9	16	3
1952 ...	...	2	...	...	...	...	3	...	1	1	2	1	6	12	18	4
1953 ...	2	...	...	2	1	1	2	...	2	1	1	6	7	4	11	2
1954 ...	...	...	...	...	...	1	1	1	2	...	1	1	4	3	7	1
1955 ...	...	1	1	...	...	1	...	1	...	...	1	3	2	6	8	2
Average 1951-55	1	2	1	1	1	1	1	1	1	1	2	2	5	7	12	2
1956 ...	...	...	1	...	...	...	1	1	...	...	1	4	3	5	8	2

Deaths from Tuberculosis.

(Showing the period elapsing between notification or intimation and death.)

	RESPIRATORY		NON-RESPIRATORY	
	Males	Females	Males	Females
Number of persons who died from tuberculosis :—				
Not notified or notified only at or after death	1	4	1	5
Notified less than 1 month before death ...	...	...	...	...
" from 1 to 3 months before death ...	2	...	...	...
" from 3 to 6 months before death ...	2	...	1	...
" from 6 to 12 months before death ...	3	...	...	...
" from 1 to 2 years before death ...	3	1	...	...
" over 2 years before death ...	18	8	1	...
Totals	29	13	3	5

Number of Persons in the City at 31st December, 1956,
who were known to be suffering from Tuberculosis.

	Under 15 years	15-25 years	25-35 years	35-45 years	45-55 years	55-65 years	Over 65 years	Totals
RESPIRATORY								
Males	274	447	626	516	536	299	112	2,810
Females	267	679	782	429	213	73	48	2,491
Total ...	541	1,126	1,408	945	749	372	160	5,301
NON-RESPIRATORY								
Males	55	76	54	37	20	8	9	259
Females	59	91	96	48	35	20	24	373
Total ...	114	167	150	85	55	28	33	632

REHOUSING ON HEALTH GROUNDS.

The arrangements were continued during the year whereby one in nine of all Corporation houses available for letting in the city were allocated to tuberculosis cases. The cases were dealt with according to the date of the priority certificate or, in some instances, the date of discharge from hospital. Where the occasional urgent recommendation was required, it was possible for suitable arrangements to be made by the City Chamberlain's Department.

The following table shows the number of tuberculous families in each category rehoused during the year and the number still on the waiting list at the end of the year.

	T.B. I	T.B. II	Total
Rehoused	98	77	175
Waiting list at the end of the year ...	134	72	206

These categories, which apply only to pulmonary tuberculosis, were changed in 1956, those previously classified at category III being converted by a points system and included in the normal waiting list. Category I applies to households with an open infective case requiring a separate bedroom. Category II is reserved for intermittently infective cases also requiring separate bedroom accommodation and category III includes other forms of pulmonary tuberculosis where the housing conditions are so unsatisfactory as to hinder the patient's recovery.

At the end of 1955 a points system was introduced to replace the medical priorities previously awarded in connection with other diseases and disabilities. An award of up to 4 points is made depending upon the nature of the disability, each point representing approximately a three-month period on the waiting list; an award of 4 points reduces the period on the waiting list by one year. Unfortunately it is only possible for people who are overcrowded or homeless to gain any advantage from this points system. It is known that there are applicants for houses, neither overcrowded nor homeless, suffering from medical conditions which may well justify the medical certificate provided by their family doctor for priority in rehousing.

In order that the more serious type of disability may be dealt with it is also possible for a medical priority I to be awarded, although such recommendations have to be extremely carefully considered and restricted in number. The number so recommended during the year was 15. An award of a medical priority I is usually made in respect of persons who may, because of their condition, endanger the health of others or whose own life is seriously handicapped by their present living conditions. Examples of the type of condition for which this recommendation is made are permanent carriers of infectious disease and persons with a colostomy, paralysis or heart disease.

In addition, people wishing to exchange their house, or Corporation tenants who desire a transfer to other accommodation, frequently submit medical certificates in support of their request. These certificates are forwarded by the City Chamberlain to this department for an opinion, and where a change of

house might alleviate the medical condition a recommendation to that effect is made.

Quite apart from the number of tuberculosis families mentioned above, a total of 755 medical certificates were submitted for consideration during the year. The following is an analysis of the 536 applications, excluding the 219 in respect of exchanges or transfers.

Number of applications	No priority granted	Number I		Points recommended			
		Priority granted		1	2	3	4
536	190	15		52	165	47	67
(100%)	(35·4%)	(2·8%)		(9·7%)	(30·8%)	(8·8%)	(12·5%)

PORT HEALTH SUPERVISION.

This year the medical inspection work in the Port of Leith has shown a sharp decline. Three factors appear to be responsible for this.

(1) There has been no outbreak of major infectious disease in any of the areas where traffic with Leith has been frequent.

(2) The Home Office ruling dispensing with the medical examination of aliens on entering the United Kingdom when they intend to stay in the country for three months and over has cut the immigration work to negligible proportions. Last year there were on an average four or five visits per week required for immigration purposes. This year there were only seven requests for attendance over the whole twelve months.

(3) In previous reports the difficulty of synchronising the arrival of the Port Medical Officer with that of the ship, which may be delayed for many hours by weather or other cause and may be out of radio touch, has been discussed at some length.

It is now thought that the 24-hour service at 30-minute notice which was given in the past was excessive cover in relation to the total number of ships coming from infected ports. In an effort to cut out waiting time and special transport costs, public transport is now being used whenever possible, except in grave emergencies. This naturally results in very considerable delay in reaching the port on certain occasions, during which time the ship and passengers are kept waiting.

This appears to have discouraged officials from making full use of the Port Medical Service, especially in doubtful cases. Though this might have disadvantages in the future, the only alternative would be a return to the original arrangements which involve quite unreasonable expenditure in time and transport.

IMMUNISATION AND VACCINATION.

DIPHTHERIA IMMUNISATION.

During the year 1956 the Public Health Department received 6,303 notifications of complete primary immunisations compared with 6,507 notified in the previous year. The immunisations were carried out as follows :—

Child Welfare Clinics	2,473 (2,839)	(1955 figures in brackets.)
General Practitioners	...	...	...	2,506 (2,275)
School Health Service	...	...	...	1,324 (1,393)
				<u>6,303 (6,507)</u>	

In addition to the primary immunisations, there were carried out 10,598 (8,839 in 1955) reinforcing injections of which 9,915 were done by the School Health Service.

It is estimated that at least 52 per cent. of all children under five years of age in the city have been fully protected against diphtheria. These figures relate only to children regarding whom full details of immunisation have been notified to the Public Health Department. It is known that a number of immunisations are not notified and in consequence the percentage of pre-school children protected will be higher than 52 per cent.

DIPHTHERIA IMMUNISATION SINCE 1927.

Year	Number Pro- tected	Non- Immunised Persons Notified	Immunised Persons Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
1927 ...	1,603	572	27	44	...
1928 ...	743	618	11	30	...
1929 ...	1,194	1,105	66	53	2
1930 ...	1,175	1,078	24	71	...
1931 ...	560	881	20	28	...
1932 ...	776	659	3	27	...
1933 ...	1,940	594	12	21	...
1934 ...	3,362	533	13	26	1
1935 ...	3,856	306	2	16	...
1936 ...	2,717	368	6	26	...
1937 ...	3,440	611	11	43	...
1938 ...	4,038	569	31	43	1
1939 ...	2,075	338	23	29	...
1940 ...	1,429	743	6	61	...
1941 ...	52,386	417	29	28	...
1942 ...	11,065	406	74	29	2
1943 ...	4,927	317	105	14	1
1944 ...	5,872	226	80	12	...
1945 ...	11,550	213	149	11	2
1946 ...	6,773	110	62	10	...
1947 ...	6,071	40	10	2	...
1948 ...	11,273	9	5	1	...
1949 ...	9,093	6	1	...	...
1950 ...	7,130	2	...	...	...
1951 ...	7,463	...	...	...	...
1952 ...	6,563	...	1	...	...
1953 ...	6,564	1	...	1	...
1954 ...	6,432	...	...	...	...
1955 ...	6,507	1	...	...	...
1956 ...	6,303	1	...	...	...
	194,880	10,724	771	626	9

DIPHTHERIA IMMUNISATION—PROGRESS TABLE 1947-1956.

AGE	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Number of notified immunisations of children under 5 years of age :— 18,465, <i>i.e.</i> , 52 per cent. of the pre-school population. The comparative percentages from 1947 onwards are :— 1947—44 per cent. 1948—50 " 1949—51 " 1950—56 " 1951—57 " 1952—58 " 1953—54 " 1954—54 " 1955—53 " 1956—52 "
Under 1 year ...	644	1,319	509	386	420	376	411	243	692	850	
1 year ...	2,636	4,564	4,010	3,597	3,948	3,566	3,494	2,872	3,418	3,043	
2 years ...	401	1,335	939	769	887	690	700	1,394	580	577	
3 " ...	208	371	319	275	252	272	286	283	198	186	
4 " ...	161	295	195	148	154	139	200	206	137	131	
5 " ...	649	1,278	635	360	507	564	552	467	409	485	
6 " ...	196	227	483	447	574	503	602	649	613	528	
7 " ...	99	78	65	68	91	58	79	62	112	90	
8 " ...	114	85	61	16	24	19	19	22	30	20	
9 " ...	442	1,076	105	69	18	18	8	23	15	8	
10 " ...	296	272	1,344	741	475	290	170	136	155	182	
11 " ...	39	27	48	54	52	33	30	27	41	23	
12 " ...	26	22	5	12	8	12	3	5	6	8	
13 " ...	65	179	56	4	6	7	1	3	6	5	
14 " ...	84	129	298	152	20	13	5	8	7	7	
15 " and over ...	11	16	21	32	27	3	4	32	88	160	
Totals ...	6,071	11,273	9,093	7,130	7,463	6,563	6,564	6,432	6,507	6,303	

VACCINATION AGAINST SMALLPOX,

Following are the vaccinations reported to the department during 1956 :—

Primary Vaccinations.

Year of Birth	Typical Vaccinia greatest at 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Total
1956 ...	2,775	41	2	198	3,016
1955 ...	1,511	22	11	126	1,670
1954 ...	123	2	2	13	140
1953 ...	37	...	1	1	39
1952 ...	26	1	...	3	30
1951 or earlier	150	12	10	11	183
Totals ...	4,622 (4,750)	78 (68)	26 (18)	352 (357)	5,078 (5,193)

1955 figures in brackets

Re-Vaccinations.

Typical Vaccinia greatest 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Total
428	582	697	329	2,036

Persons Proceeding Overseas.

In addition to the vaccinations noted above, facilities were provided at the Public Health Department for the protection of persons proceeding abroad by sea or air. These included courses of inoculation against typhoid and paratyphoid fevers, typhus fever, cholera and plague, as well as vaccination against smallpox. A total of 588 persons destined for many parts of the globe received this service and were given international certificates where they were necessary. A number of travellers preferred to be inoculated or vaccinated by their own doctors, and vaccines were supplied by the department to general practitioners on request.

The undernoted table gives a summary of the number of inoculations given at the Public Health Department during the year.

						No. of Inoculations
Smallpox	...	...	...	...	...	356
Typhus Fever	...	...	...	...	...	22
Cholera	...	...	...	...	...	175
Plague	...	...	...	...	...	...
Typhoid and Paratyphoid Fevers	...	...	...	...	...	191
Tetanus	...	...	...	...	...	9
						<u>753</u>

VACCINATION AGAINST POLIOMYELITIS.

When the first supplies of poliomyelitis vaccine were received early in May arrangements were made to commence the protection of 21,861 children born between 1st January 1947 and 31st December 1954 for whom written consents for vaccination had been received from the parents or guardians. The first children selected were those born in November in the years 1947 to 1954 and those born in March in the years 1951 to 1954.

Sufficient vaccine was made available to protect all registered children in these age groups and the vaccinations completed during the year numbered 1,682 (773 males and 909 females). In addition sixteen children (7 males and 9 females) received a first injection only and three other children who had received a first inoculation in other areas completed the course in Edinburgh.

The response from parents was satisfactory, only 123 children failing to appear for protection without a reason being given after the parents had received a letter of appointment. A number of vaccinations were deferred on account of infectious disease, other illness or for medical reasons. Owing to the lack of a suitable child welfare clinic in the centre of the city most of the vaccinations were performed during the months of May and June at a special vaccination centre opened at 43 Lauriston Place. These premises were made available for a temporary period by courtesy of the Education Committee and proved most satisfactory for the purpose. All the vaccinations were carried out by medical officers on the staff of the Child Welfare and School Health Services.

CONTROL OF INFECTION.

INFECTIOUS DISEASES.

The number of notifications of infectious disease in Edinburgh increased to 7,386 in 1956, as compared to 4,179 in 1955. This was due predominantly to three factors ; firstly, an epidemic of measles which occurred in the first six months of 1956 ; secondly, an epidemic of whooping cough in the latter half of the year, and thirdly, the addition of food poisoning to the list of notifiable diseases. Details concerning numbers and incidence of each disease, by city wards, are given in the tables but an analysis of the more prevalent infections may be of interest.

Measles.

Measles provided the largest number of notifications during the year and this did not represent the true incidence of the infection since only the first case under five years of age in any household is notifiable. The disease is, of course, endemic among urban populations in this country and there is a tendency for epidemics to occur in general at bi-annual intervals.

The sharp increase in notifications during 1956 exemplifies this phenomenon, which is noticeable in the record of yearly notifications since 1931, although again these figures do not represent the total number of cases occurring annually. As is usual, children between the ages of 1-5 years were predominantly affected, there being 2,377 cases amongst them as compared with 165 under the age of 1 year and 73 between the ages of 5-15 years. There were nine adult cases, eight between the ages of 25-35 and one in the age group 45-65.

Three children in the age group 1-5 years died of the disease during the year. With the advent of antibiotic therapy mortality from measles has dropped sharply (the five-yearly average of deaths since 1930 is 35, 22, 8, 5 and 3) but measles in epidemic form approaches its highest incidence in the same season of the year that non-specific infections of the upper respiratory tract are most common. Where deaths occur the common cause is bronchopneumonia in a child simultaneously attacked by both diseases, children under the age of 5 years being most vulnerable.

It is possible to avoid or modify an attack of measles in a child by the injection of gamma globulin, and a stock of this material is maintained in the department for use by general practitioners. The material is scarce, however, and at the discretion of the family doctor it is reserved for infants under six months of age or for debilitated children.

Whooping Cough.

There was an absolute increase in the number of cases notified in the city from 624 in 1955 to 1,731 in 1956. As with measles there tends to be a bi-annual

fluctuation in the endemicity of this disease, although it is less well defined ; but, nevertheless, such a cycle of prevalence is well recognised.

The disease attacks children in the youngest age groups. In Edinburgh during 1956, 191 children under 1 year and 936 between the ages of 1-5 years were affected, as compared with 589 between 5-15 years and 13 adult cases.

There were two deaths from the infection in infants under 1 year of age.

Dysentery.

For the third year in succession the incidence of bacillary dysentery remained high, there being 1,024 cases notified as against 1,034 in 1955. One death occurred in an elderly man of 85 years.

In contrast to 1955 when dysentery was most prevalent during the first five months of the year, the month of June and the latter half of the year showed the highest prevalence in 1956. As in previous years approximately 20 per cent. of the cases occurred in institutions, *e.g.* nurseries and children's homes, while 45 per cent. of the total cases occurred in children under 5 years of age.

The particular problem which is encountered in controlling the spread of this infection is that the period of illness, as such, is frequently short in many individuals, and relatively minor in severity. It is quite possible for a patient to recover clinically, but yet to remain infective for a considerably long period. He may thus return to work, or to school, in this state, and it is probable that such patients are responsible for much of the present high incidence of dysentery in the city.

As examples of the action taken to combat the infection, measures employed in two city schools may be cited. In one, Abbeyhill, an outbreak of dysentery occurred among pupils during the month of November. In each case of absence thereafter the home of the absentee was visited, and where dysentery was suspected the family doctor was advised, and arrangements made for the child to be bacteriologically, as well as clinically, cured and free from infection before returning to school.

In the school itself measures were taken to control the spread of infection from convalescent carriers, by a "clean hands" campaign, and by instituting a "hand dipping" procedure whereby each child, after visiting the toilet, washed his or her hands in the normal way, and then dipped them into a bowl containing an antiseptic. The outbreak lasted approximately one month, and was finally contained when sixty cases had occurred.

A similar, but smaller, outbreak arose in December at Links Place school, affecting the nursery and infant classes. The timely introduction of precautionary measures was successful in limiting the outbreak, and preventing it spreading to the older pupils.

It appears possible, as Dr Ian Taylor indicated in his presidential address to the Royal Society of Medicine, that dysentery is no longer normally a food, milk or water-borne infection, but a disease spread by contact like measles. This is consistent with its increasing prevalence amongst school children and with the success of "hand hygiene" measures in its control. It is apparent, also, that more attention requires to be paid to school water-closets, from which

dysentery organisms can be splashed on to the scat and be conveyed to the pull handle and the door handle by hands. In the outbreaks mentioned above success has been achieved by the use of quaternary ammonia disinfectants in these situations. Better lighting of these compartments too would go a long way to reduce the spread of bowel infections.

Difficulty is still being experienced in excluding dysentery contacts, who are food handlers, from work. This arises because sickness benefit is not payable during the first three days off work, and contacts suffer financial loss through no fault of their own. It is understood, however, that in connection with a review of the Infectious Diseases Regulations, consideration is being given to the question of compensating food handlers excluded from work on account of certain infectious diseases.

Poliomyelitis.

During the year, 39 cases of poliomyelitis were notified in the city. Of these, however, two were normally resident in the Lothians, the disease being diagnosed after admission to hospital in Edinburgh. The corrected figure is therefore 37, which is slightly below the average annual figure for the city.

Of the 37 cases, 21 were non-paralytic. A study of the age distribution shows that one case occurred in a child under 1 year, thirteen cases between 1-5 years, thirteen cases were in children of school age (5-15 years) and ten cases occurred in adults. Of the city wards, Liberton showed the highest incidence with seven cases during the year.

It is interesting to note that one case involved a 9-year old boy who had been vaccinated against poliomyelitis six months previously, and who had a tooth extraction after the onset of the disease. In this instance the disease took a mildly paralytic form.

Food Poisoning.

On 1st August, 1956, the Food and Drugs (Scotland) Act, 1956, came into operation and food poisoning became compulsorily notifiable. Between that date and the end of the year, 192 cases were notified by family doctors. This is a most encouraging start, and credit must be given to general practitioners in the city for co-operating so readily with the Public Health Department. In an enquiry into the occurrence of food poisoning, speed is essential to trace the infected foodstuff, and the many telephoned notifications by doctors have been a great help to the medical, veterinary and sanitary staff undertaking these investigations.

Bacteriological Food Poisoning.

Two outbreaks of salmonella food poisoning are of particular interest. The first occurred before the Food and Drugs Act came into operation, but the family doctors concerned with the first cases were quick to submit faecal specimens to the University Bacteriological Laboratory. It was soon evident to Dr Helen Wright of the laboratory, that the organism responsible was an unusual one in Edinburgh—*Salmonella thompson*. She immediately advised this department,

and when detailed enquiries by the sanitary inspector indicated that the early cases were associated with cream cakes from a large bakery in the city, the bakery was visited by the veterinary inspector. A container of egg albumen, suspected to be contaminated, was put out of action immediately and no further cases arose.

Altogether nineteen cases occurred, apparently sporadically, in the city, and there were also three from the Lothians. The symptoms varied from mild abdominal upset, with diarrhœa, to vomiting, diarrhœa and prostration to such a degree as to require hospital care.

Bacteriological examination revealed that the suspected container and the ladle used with it were infected with *Salmonella thompson*. Samples of the egg albumen in use at the time were found to be satisfactory and it was concluded that the container and ladle had been contaminated by imported egg albumen which had been used previously. This was a Chinese product which had been incriminated in infection in other parts of the country.

Chemical Food Poisoning.

Food poisoning due to chemical contamination of foodstuffs is not common, but one such episode occurred in Edinburgh during the year. In this instance, a woman who had been invited out to tea was offered a biscuit coated with sugar, which she only partially consumed, as it tasted unusual. Later that evening she suffered an attack of vomiting.

Analysis of one of the remaining biscuits revealed 10·3 grs. of crystallised washing-soda on the surface. The host's home was excluded as the source of contamination, but a visit by the veterinary inspector to the grocer supplying the biscuits revealed that a stock of washing-soda was kept in close proximity to biscuit tins. Contamination presumably occurred when these tins were open and washing-soda was being weighed out prior to sale.

The incident emphasises the necessity for general orderliness in shops dealing in a wide diversity of products, including food, and the importance of storing all potential contaminants well clear of foodstuffs.

Enteric Infections.

One case of typhoid fever was notified during the year. This patient was the courier attending a Belgian party touring the United Kingdom by motor coach; he was ill on his arrival at a hotel in the city. Investigations established the fact that he was infected on the Continent before his arrival in this country. Due precautions were taken with the contacts of the patient and no secondary cases occurred.

Seven cases of paratyphoid B. were notified, of whom three came from counties outside Edinburgh, and whose illness was diagnosed in city hospitals.

Of the remaining four cases involving residents, one—a boy of 16 years—

employed on farms, their duties including work in piggeries where rat infestation was found to be present. It is probable that the disease was contracted in both cases by the handling of food, or other material, contaminated by rats.

Canicola Fever.

Mention was made in the report last year of the preliminary work leading up to the publication of a paper on *Canicola Fever in Man Through Contact With Infected Pigs* by Joyce D. Coghlan, Ph.D., B.Sc., Lecturer in Bacteriology, University of Edinburgh, John Norval, M.R.C.V.S., Chief Veterinary Inspector to the City of Edinburgh, and H. E. Seiler, M.D., F.R.C.P.Ed., D.P.H., Medical Officer of Health to the City of Edinburgh. The paper describes a survey of 47 piggery workers in twelve Edinburgh farms, 19 (40 per cent.) of whom were shown by serological examination to have at some time been infected with

L. canicola. In addition to five known cases this figure included five others with histories of illness suggestive of canicola fever.

Specimens of blood from pigs from the two farms in which most of the cases occurred were found to contain antibodies to *L. canicola* in titres high enough to indicate a leptospiral infection. In one farm 46 out of 75 (61 per cent.) of the pigs were positive and in the other 40 out of 98 (40 per cent.).

Four out of six pigs newly introduced into one of the infected piggeries developed antibodies to *L. canicola* within three to eight weeks. On the 47th day after admission leptospire were being excreted in large numbers in their urine.

A hamster inoculated with the infected urine died after six days and leptospire were grown in culture from the heart blood. They were identified as *L. canicola*.

Six pigs were inoculated each by a different route with a virulent culture of *L. canicola*. Those which were inoculated subcutaneously and through a scarified area of skin developed antibodies to titres of at least 1 in 10,000 within 10 days. No obvious symptoms of disease followed the administration of the culture by any of the routes employed.

Pigs which were inoculated with urine from infected pigs subcutaneously and by scarification developed antibodies to *L. canicola* within 13 days. No symptoms other than a slight febrile reaction and a tendency to be less vigorous followed the inoculations.

The above evidence indicates that pigs may harbour *L. canicola* without showing any noticeable symptoms of disease. The organisms are excreted in the urine, and infection is passed from pig to pig. Human infection may result through contact with infected pigs.

The incidence of canicola fever in piggery workers is high, and this is in contrast to the recognized low infectivity rate among dog owners.

During the year two further cases of canicola fever associated with pigs occurred. In the first, a boy of 15 years was admitted to the City Hospital as possible poliomyelitis. Canicola fever was suspected when it was discovered that he had been employed for three weeks in a piggery prior to the onset of the infection, and this diagnosis was subsequently confirmed serologically. The second case was an adult male employed as a pig slaughterman at Gorgie abattoir. He became ill with symptoms resembling influenza and muscular pains. Serological tests were positive for *L. canicola*.

In addition, two case of canicola fever occurred through contact with infected dogs. A boy of 11 years admitted to the City Hospital as a possible meningitis was diagnosed serologically. The results of serological examination showed that the boy's mother had at some time been infected with *L. canicola*, although there was no history of illness. The family dog was found to be positive for this infection. Another dog owner, a man admitted to the City Hospital as possible poliomyelitis, was also diagnosed serologically as canicola fever. In this case the family dog was found to be heavily infected with *L. canicola* and although it had been sold since the owner was admitted to hospital it was traced and destroyed. Despite the heavy infection in the dog there was no evidence of infection in any other member of the family.

INFECTIOUS DISEASES

The following Table shows the number of Notifications for each Month of the Year 1956 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Measles	251	262	469	612	452	312	147	39	27	19	19	22	2,631
Whooping Cough	68	77	86	97	101	112	143	151	144	195	294	263	1,731
Dysentery	51	29	39	70	112	152	98	60	111	89	90	123	1,024
Tuberculosis, Pulmonary	40	44	65	55	68	42	40	42	38	64	65	40	603
Pneumonia, Primary	112	148	56	39	28	25	23	10	11	24	35	65	576
Scarlet Fever	23	19	23	22	17	17	12	6	8	16	27	14	204
Food Poisoning ... ..	...	...	...	...	...	...	...	31	42	46	36	37	192
Pneumonia, Influenzal	12	26	9	6	3	...	...	...	...	1	3	5	65
Tuberculosis, other forms	2	5	7	6	6	8	5	7	4	2	4	7	63
Erysipelas	4	7	3	7	5	5	6	4	5	7	4	5	62
Poliomyelitis, Acute ... ..	...	...	...	...	3	2	6	9	7	6	1	5	39
Puerperal Pyrexia	1	...	1	...	...	4	1	...	...	...	4	6	17
Ophthalmia Neonatorum	2	...	...	2	1	...	...	1	1	...	8	1	16
Cerebro-spinal Fever	1	1	...	1	...	...	3	...	2	3	3	2	16
Puerperal Fever ... ..	...	...	...	...	...	5	1	...	...	3	5	...	14
Malaria	1	1	...	...	1	...	...	...	1	...	...	3	7
Para-typhoid, B	1	1	...	2	...	2	1	...	...	1	...	1	7
Jaundice, Acute Infective ... ..	...	...	...	...	...	...	...	...	...	...	...	...	2
Diphtheria ... ..	...	...	1	...	...	...	...	...	...	...	...	...	1
Typhoid Fever ... ..	...	...	...	...	...	1	...	...	...	...	...	...	1
*Chickenpox	6	9	15	10	8	25	14	15	2	5	2	4	115
Totals	575	629	774	929	805	712	500	375	403	481	600	603	7,386

* Not notifiable

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year
ended 31st December 1956.

DISEASE		NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH											
		At all Ages	At Age—Years								Cases removed to hospital	Cases not removed to hospital	
			Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards			
MEASLES	...	M	1,364	89	1,238	33	...	3	...	1	...	216	1,148
		F	1,267	76	1,139	40	...	5	...	...	...	212	1,055
WHOOPING COUGH	...	M	835	89	462	282	...	1	1	...	...	108	727
		F	896	102	474	307	2	5	1	2	3	123	773
DYSENTERY	...	M	518	44	235	151	18	10	19	23	18	229	289
		F	506	23	171	139	45	41	21	38	28	209	297
TUBERCULOSIS—		M	365	2	12	21	53	59	53	131	34	229	136
PULMONARY		F	238	1	7	19	77	51	45	31	7	128	110
PNEUMONIA, PRIMARY		M	288	19	49	52	18	14	30	61	45	33	255
		F	288	12	40	39	22	17	26	68	64	49	239
SCARLET FEVER	...	M	95	...	49	39	7	...	...	...	...	52	43
		F	109	...	37	68	4	...	...	...	...	54	55
FOOD POISONING	...	M	73	2	19	15	9	6	7	13	2	10	63
		F	119	8	12	18	19	17	11	30	4	9	110
PNEUMONIA		M	32	...	1	6	2	1	4	10	8	5	27
INFLUENZAL		F	33	...	1	...	1	3	1	16	11	2	31
TUBERCULOSIS—OTHER		M	25	...	1	2	5	3	6	5	3	13	12
		F	38	...	...	3	13	7	5	7	3	19	19
ERYSIPELAS	...	M	26	...	...	1	2	2	3	13	5	6	20
		F	36	...	...	2	2	2	4	18	8	12	24
POLIOMYELITIS, ACUTE		M	29	...	10	12	7	...	...	...	...	27	2
		F	10	2	2	4	2	...	...	...	...	10	...
PUERPERAL PYREXIA	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	17	...	...	...	...	10	5	2	...	3	14
OPHTHALMIA		M	10	10	...	...	...	...	...	...	...	...	10
NEONATORUM		F	6	6	...	...	...	...	...	...	...	...	6
CEREBRO-SPINAL FEVER		M	10	3	5	...	1	1	...	...	...	9	1
		F	6	2	3	1	...	...	...	...	...	5	1
PUERPERAL FEVER	..	M	...	...	...	...	...	...	...	...	...	...	...
		F	14	...	...	...	...	5	7	2	...	2	12
MALARIA	...	M	5	...	...	...	2	...	1	2	...	...	5
		F	2	...	...	...	1	...	...	1	...	...	2
PARA-TYPHOID B	...	M	4	1	1	1	1	...	...	1	...	3	1
		F	3	...	2	...	...	1	...	...	...	3	...
JAUNDICE, ACUTE		M	2	...	...	...	...	...	1	1	...	2	...
INFECTIVE		F	...	...	...	...	...	...	...	...	...	...	...
DIPHTHERIA	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	...	...	...	1	...	1	...
TYPHOID FEVER	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	...	1	...	...	...	1	...
CHICKENPOX*	...	M	65	2	26	20	15	2	...	...	...	65	...
		F	50	3	22	14	7	4	...	...	...	50	...
		M	3,746	261	2,108	635	140	102	125	260	115	1,007	2,739
		F	3,640	235	1,910	654	202	169	126	216	128	892	2,748
TOTAL	..		7,386	466	4,018	1,289	342	271	251	476	243	1,899	5,487

* Not notifiable.

Table showing certain Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1956.

No.	WARD	Scarlet Fever		Measles		Whooping Cough		Dysentery		Acute Poliomyelitis		Pneumonia Primary	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles	7	..	90	..	58	..	33	..	..	..	15	..
2	Holyrood	10	..	112	..	57	..	109	..	..	..	16	..
3	George Square	2	..	40	..	41	1	20	..	3	..	14	..
4	Newington	8	..	81	..	40	..	28	..	..	..	12	..
5	Liberton	23	..	365	..	339	..	140	..	8	..	86	..
6	Morningside	1	..	15	..	9	..	14	..	1	..	6	..
7	Merchiston	4	..	34	..	13	..	16	..	..	..	15	..
8	Colinton	6	..	110	1	123	..	29	..	..	..	11	..
9	Sighthill	6	..	111	1	38	..	30	..	3	..	7	..
10	Gorgie-Dalry	11	..	84	..	52	..	19	..	1	..	16	..
11	Corstorphine	3	..	32	..	57	..	10	..	..	..	7	..
12	Murrayfield-Cramond	11	..	83	..	38	..	10	..	3	..	8	..
13	Pilton	16	..	264	..	210	..	72	..	1	..	152	..
14	St Bernard's	13	..	235	..	181	..	59	..	2	..	35	..
15	St Andrew's	2	..	80	..	46	..	28	..	1	..	10	..
16	Broughton	5	..	80	..	56	..	14	..	2	..	12	..
17	Calton	9	..	53	..	20	..	27	..	2	..	19	..
18	West Leith	8	..	112	..	37	..	35	..	1	..	18	..
19	Central Leith	3	..	134	..	47	..	33	1	1	..	26	..
20	South Leith	7	..	81	1	27	..	32	..	2	..	13	..
21	Craigentinny	10	..	64	..	31	..	13	..	..	..	16	..
22	Portobello	11	..	119	..	85	..	27	..	..	..	46	..
23	Craigmillar	18	..	75	..	67	..	46	..	1	..	8	..
	Institutions	10	..	177	..	59	1	180	..	2	..	8	..
	Totals	204	..	2631	3	1731	2	1024	1	39	..	576	..

Not available in this classification

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 25 Years.

YEAR	SCARLET FEVER	*MEASLES	†WHOOPING COUGH	DYSENTERY	ACUTE POLIOMYELITIS	PNEUMONIA PRIMARY
1932	1,080	8,786	1,205	40	6	607
1933	4,516	178	984	54	10	560
1934	2,419	3,200	189	46	2	423
1935	1,511	854	877	66	—	438
1936	1,083	2,491	804	89	46	547
1937	1,680	1,508	1,425	109	5	433
1938	1,430	2,248	253	258	26	402
1939	734	678	1,521	348	7	408
1940	652	2,818	255	216	14	446
1941	1,070	1,123	1,365	237	28	448
1942	2,023	2,307	135	252	11	383
1943	1,598	1,723	775	419	6	304
1944	1,222	1,124	409	766	22	265
1945	1,029	2,920	494	752	1	245
1946	434	2,064	483	149	7	295
1947	310	1,403	790	69	151	288
1948	1,051	2,240	402	245	30	254
1949	1,183	1,392	760	277	27	272
1950	1,004	2,489	1,768	551	69	231
1951	451	2,009	2,385	966	41	231
1952	752	3,136	782	129	25	408
1953	619	1,703	2,048	652	61	343
1954	416	1,889	1,340	1,046	44	281
1955	195	1,053	624	1,034	40	278
1956	204	2,631	1,731	1,024	39	576

* Measles. Only first case in household notifiable.

† Whooping Cough. From 1933, only first case (under 5 years) in household notifiable;
From 1950, notification extended to include all cases.

DISINFECTION.

The nature of the work conducted in the High School Yards Disinfecting Station being of a highly technical character, it is necessary that a continuous experimental programme be carried out to enable the unit to keep abreast of the changing conditions and to take advantage of new techniques and chemicals which are being developed by industry. Infectious disease is also continually changing its pattern and the processes must be sufficiently flexible to permit alteration to combat any new emergency which may arise.

On the other hand certain infectious conditions to which great attention has been paid in the past are becoming less important to us as the number of cases drops when the control measures operated in other fields become effective.

It will be remembered from previous reports that a process has already been worked out and has been in successful operation for some time which effectively kills all organisms including the tubercle bacillus in rooms in dwelling-houses, and this has been used in all premises vacated by cases of tuberculosis. Though it has been proved beyond doubt that the process kills the organism, some doubt has been expressed from time to time concerning the presence of sufficient organisms under natural conditions to justify its use. An investigation has therefore been proceeding during the last few years to demonstrate the presence or absence of virulent organisms in rooms recently vacated by cases of tuberculosis.

An investigation of this kind is extremely difficult to carry out and as it involves the deliberate disturbance of tubercle-laden dust there is some element of risk and stringent safety measures must be taken to protect those conducting the experiment. The only method of detecting tubercle bacilli in this case is by the use of animal inoculation. This unfortunately necessitates a wait of two months or so before the result of any given experiment is known. Intercurrent infection sometimes kills the animals and when this happens months of work is thrown away. When work was started some ten years ago no difficulty was experienced in demonstrating the presence of the tubercle bacillus which was easily found in the gross contamination encountered in some classes of buildings. In one outstanding case a large jar was found filled with tubercle-infected sputum and overflowing on to a chair and floor. In this example numerous organisms were demonstrated in this specimen and also in the dried material which was plentifully bespattered over the walls and bedclothes. Very recently laboratory facilities were made available to us by the Bacteriology Department of the University of Edinburgh for a full scale investigation into the presence of the tubercle bacillus in the dust of such rooms. Contrary to our previous experience, great difficulty is now found in obtaining suitable cases. Even the worst rooms were remarkably clean and in no example was there the obvious contamination of previous years. It would appear that cases are now being removed to hospital so quickly and the public interest in tuberculosis is now so great that there is little contamination of the surroundings. A series of twelve experiments was

carried out and all yielded negative results. The experimental difficulties are great, however, and a negative result does not mean that no live or virulent organisms were present in the room but that the experiment failed to demonstrate their presence. In view of this result it is proposed to curtail the disinfection of premises to those in which there appears on inspection to be the possibility of infection of the surroundings. It is not intended by any means to discontinue the disinfection of tubercle infected premises. The infected material in the house has long been recognised as an important reservoir and as the number of cases drop as a result of vigorous measures elsewhere it will become increasingly important to eliminate this stronghold of the bacillus.

The work of disinfection requires the operators to be capable of working in an irrespirable atmosphere and necessitates familiarity with toxic gases and breathing apparatus. This has introduced the department to several interesting problems. It was felt that some work should be done to find the risk, if any, which existed when a domestic coke fire was burning under the worst possible conditions such as would be found when there was an unfavourable wind giving severe blowback, or where storm damage had caused masonry to fall down the chimney causing a complete or a partial blockage. Much work has already been done on fumes from coke fires but in all the published reports which could be found it appeared that the fire was burning under favourable conditions and it was thought that it would be advisable to devise a series of experiments to demonstrate what would happen in a room when a coke fire was burning and there was complete blockage of the outlet flue. The experiments were carried out using a standard coke fire which had been specially installed on the premises in a room which could be completely sealed. A complete description of the experiments need not be given as the last one of the series was so conclusive that it alone need be described. In this case the fire was burning lightly. The fire was heaped up with damp coke to give the most favourable conditions for the generation of the poisonous carbon monoxide and the chimney was completely blocked. The room was sealed and arrangements were made to determine the toxicity of the atmosphere in the room as the experiment progressed. The fire was replenished from time to time and was kept heaped up to the maximum angle at which the coke would lie. At the end of three hours in these completely unnatural conditions the atmosphere in the sealed room was still found to be below the toxic level. It was noted however that there was sufficient blue smoke and also sufficient irritant vapour present to make it improbable that a person should remain asleep in such a room and be unaware of the possible danger. At the conclusion of the experiment it was found to be possible, but not pleasant, to remain in the room without breathing apparatus for ten minutes. From this it was concluded that a domestic coke fire could not produce a toxic atmosphere in a room under any conditions which could be foreseen.

An extension of this work was the emergency investigation of three cases of poisoning. In each of these it was shown that the cause was an unsuspected escape of the products of combustion from an out-of-date and defective gas burner and that the cases were in fact examples of carbon monoxide poisoning.

Great interest is being shown in the technical press in the disinfection of blankets in hospitals, the organism that is causing the anxiety being the

BACTERIOLOGICAL SERVICES.

The following statement is submitted by Dr Helen A. Wright, Senior Lecturer in Bacteriology, and gives details of the examinations carried out under her charge for the Public Health Department and the general practitioners in the city by the Bacteriological Department of the University of Edinburgh during the year 1956.

The total number of examinations, 19,687, exceeded the high figures reached in the two previous years, due very largely to another dramatic (approximately 25 per cent.) rise in the number of examinations for dysentery and food poisoning organisms. This is offset to some extent by fewer examinations for diphtheria and tubercle bacilli and a reduction in the number of milk samples submitted for examination.

It is of particular interest to note that no specimens were found to be positive for the diphtheria bacillus, but one bulk sample of tuberculin-tested milk produced typical tuberculous lesions when inoculated into guinea-pigs. The cough-plates and per nasal swabs examined for *H. pertussis* were mainly from children immunised against whooping-cough during 1955; and a considerable, though numerically unimpressive amount of work was done in the virology laboratory on samples of sera from children who had received poliomyelitis vaccine during the year.

Organisms of the salmonella or dysentery groups were successfully isolated from approximately 19 per cent. of 5,494 specimens. This seems satisfactory in so far as it emphasizes the infective origin of much diarrhoea and vomiting; but bacteriological diagnosis will do little in itself to prevent this type of illness. Sonne dysentery again accounted for a large proportion of these cases and *Shig. sonnei* was isolated 839 times from 596 cases (606 times from 421 cases in 1955).

Cases of Flexner dysentery were reduced to less than half of the 1955 total.

Many small, family outbreaks of food-poisoning have been investigated, but often with disappointingly inconclusive results. One difficulty is the length of time which frequently is allowed to elapse between the onset of symptoms and notification, so that satisfactory faecal specimens and samples of suspected food are not available. Another difficulty is an inherent bacteriological one: many incidents are apparently caused not by organisms of the salmonella group but by staphylococci or *Cl. welchii*, both of which are frequently carried by healthy people; and also, it is not altogether clear which strains of these organisms are capable of producing enterotoxins. Moreover, the clinical picture is not always typical. The cause of these outbreaks, therefore, often remains a matter for conjecture and the exact source of contamination of the food impossible to determine. My colleague, Dr Collee, is particularly interested in *Cl. welchii* food-poisoning and is investigating it both from the practical and academic aspects.

Salmonella infections were mainly due to *Salm. typhi-murium* and *Salm. thompson*. The incidence of *Salm. typhi-murium* (mainly single cases) was almost

double the 1955 figure ; and here again attempts to determine sources and origins of the infections were disappointing, again due largely to delay in sending suitable specimens. *Salm. thompson* had been practically unknown in Edinburgh in 1955, so that when two groups of cases (24 in all) occurred in May and August, the source of the infection was successfully traced in each incident ; a dairy cow producing infected milk in one ; and in the other, infected egg-white which was being used in a bakery.

This last outbreak was the only occasion where illness was actually found to have been caused by imported egg ; but it has become increasingly clear that these products are frequently contaminated. 299 samples of imported frozen or dried whole egg or egg-white were examined during the year, and organisms of the salmonella group (mainly *Salm. typhi-murium* and *Salm. thompson*) were isolated from over 7 per cent. of the series. The majority of these samples were examined at the request of the Department of Health and before the consignment had been released for distribution.

	Positive	Total
Swabs from throat, nose and ear examined for <i>C. diphtheriæ</i>	-	560
Swabs from throat and nose, examined for hæmolytic streptococci and other pathogenic organisms		1,652
Hæmolytic streptococci	467	
Strains of hæmolytic Streptococci grouped ... ..	.	13
Strains of Staphylococci phage-typed ... ..	.	3
Cough plates and per-nasal swabs for <i>H. pertussis</i>	10	66
Sputum examined for <i>Myco. tuberculosis</i> by the microscopic method* ...	3	175
Pus and pleural fluids examined for <i>Myco. tuberculosis</i> by the microscopic method*	-	15
Fæces and urine examined for <i>Myco. tuberculosis</i> by the microscopic method*	-	28
Cultivation tests for <i>Myco. tuberculosis</i> (sputum and other specimens†) ...	6	215
Animal inoculation for <i>Myco. tuberculosis</i> †	1	31
Specimens for general bacteriological examination :		
Urines ... ..	.	734
Sputa ... ..	.	268
Pus and pleural fluids ... ..	.	221
Ear Swabs ... ..	.	31
Swabs from conjunctival and skin lesions (young infants) ...	.	17
Urethral and vaginal swabs ... ..	.	106
Conjunctival swabs ... ..	.	9
Dental swabs ... ..	.	2
Staphylococcal coagulase tests	228	492
Tests for sensitivity of bacterial strains to :		
Aureomycin ... ..	.	1,183
Chloromycetin ... ..	.	1,177
Penicillin ... ..	.	1,174
Streptomycin ... ..	.	1,178
Sulphonamide		1,176
Polymyxin ... ..	.	9
Erythromycin ... ..	.	3

	Positive	Total
Fæces examined for organisms of the salmonella and dysentery groups :—	1,016	5,494
<i>Shig. sonnei</i>	839 (596) ‡	
<i>Shig. flexneri</i> Type III	45 (28)	
<i>Shig. flexneri</i> Type II	1 (1)	
<i>Salm. paratyphi</i> B	6 (1)	
<i>Salm. typhi-murium</i>	69 (48)	
<i>Salm. thompson</i>	52 (24)	
<i>Salm. bovis morbificans</i>	2 (1)	
<i>Salm. enteriditis var. chaco</i>	1 (1)	
<i>Salm. saint paul</i>	1 (1)	
Fæces examined for other pathogenic organisms :—	16	31
<i>Esch. coli</i> Group " O " III	7 (4)	
<i>Staphylococcus aureus</i>	6	
" Heat resistant " <i>B. welchii</i>	3	
Fæces examined for helminths and protozoa	22	63
Bloods for Widal reaction (including agglutination test for <i>Br. abortus</i>)...		66
<i>Br. abortus</i> (1 case)	2	
Blood-clot culture from specimens submitted for Widal reaction		59
<i>Salm. typhi-murium</i>	1	
Blood cultures	—	5
Agglutination tests for <i>Leptospira icterohaemorrhagiae</i> ... ..	.	16
Agglutination tests for <i>Leptospira canicola</i> ... ..	.	20
Paul-Bunnell tests for glandular fever	8	48
Virological Investigations :—		
Estimations of serum antibodies to all three types of the poliomyelitis virus before and after vaccination	—	50
Serological tests for Syphilis :—		
Wassermann reaction	40	150
Flocculation test—method of Bacteriology Department, University of Edinburgh	34	349
Flocculation test—Kahn method	5	8
Flocculation test—Kahn " verification " method	54	85
Complement fixation tests for gonococcal infection	3	29
Cerebrospinal fluid for Wassermann reaction	—	1
Milk samples :—		
Bacterial count ... ..	.	329
Test for coliform bacilli ... ..	.	652
Phosphatase test ... ..	.	314
Turbidity test ... ..	.	33
Examination for organisms of the salmonella group ... ..	.	20
<i>Salm. thompson</i> (from 1 cow)	2	
Examination for <i>Myco. tuberculosis</i> by animal inoculation	1	35
Examination for blood ... ..	.	1
Total milk specimens examined	695	
Water samples :—		
Bacterial count ... ..	.	116
Test for coliform bacilli ... ..	.	316
Examination for Pathogenic organisms	—	5
Total water specimens examined	316	
Ice-cream samples :—		
Bacterial count ... ..	.	94
Test for coliform bacilli ... ..	.	94
Total ice-cream samples examined	94	
Washed milk bottles examined :—		
Bacterial count		15
Test for coliform bacilli		15
Lemonade bottles examined :—		
Bacterial count ... ..	.	52
Test for coliform bacilli ... ..	.	52

	Positive	Total
Crockery and cutlery examined :—		
Bacterial count ... ..	.	17
Test for coliform bacilli ... ..	.	17
Samples of imported egg examined for organisms of the salmonella group :—	23	299
<i>Salm. typhi-murium</i>		9
<i>Salm. thompson</i>		10
<i>Salm. oranienburg</i>		1
<i>Salm. pullorum</i>		3
Samples of food examined for organisms of the salmonella group and other pathogenic bacteria :— ... ..	.	164
Mussels :— <i>Salm. reading</i>		1
Miscellaneous food containers and kitchen equipment examined for pathogenic organisms ... ..	.	7
<i>Salm. typhi-murium</i>		1
Dairy cow and hens examined for evidence of salmonella infection ...	3	7
Cow dung :— <i>Salm. thompson</i>		3
Black rats examined for plague infection	-	17
Miscellaneous examinations ... ..	.	4
		<u>19,687</u>

* After concentration of specimen.

† Negative by microscopic method.

‡ Figures in brackets indicate number of cases.

DEPARTMENT OF VENEREAL DISEASES.

REPORT BY THE PHYSICIAN-IN-CHARGE.

There have been no changes in the administration of this department during 1956; the close co-operation between the diagnosis, treatment and preventive services continues happily. The annual return to the Department of Health is now made in a simple fashion which enables the Scottish statistics to be compared readily with those for England and Wales, and the essential epidemiological information is readily available.

Incidence of Diseases.

The total number of patients attending the clinics in Edinburgh was 3,032, of which there were 1,872 males and 1,160 females, and a diagnosis of venereal infection was made in 2,266 (1,316 males and 950 females) while no venereal disease was found in 766 persons.

(a) *Syphilis (early)*.

Early contagious syphilis was again noteworthy by its rarity, a total of 12 cases having been diagnosed (7 males and 5 females). The sources of infection of these cases was investigated, so far as possible; of the seven males, one was infected in Edinburgh, two in other parts of Britain, and four in foreign countries. Two female contact cases in Edinburgh or district were traced. Of the five females, one was an Edinburgh prostitute who only receives treatment when she is in prison, and one other is an Edinburgh woman, mother of a congenitally syphilitic baby. The other three did not reside in Edinburgh (Bo'ness, Grange-mouth and Burntisland).

(b) *Syphilis (late)*.

Late syphilis reflects the incidence of infection occurring at least a decade ago, and to some extent the efficiency of treatment and the lack of success of case-finding and case-holding techniques. The influence of the post-war increase in syphilis is still obvious in this group of 95 patients. These were classified as:—

Cardiovascular	...	...	...	...	14
Neurological	...	...	...	...	25
Late and latent	...	...	...	...	56

The cardiovascular and neurological cases, though likely to benefit from treatment, require prolonged medical care usually in hospital, and often they are unfit to continue their usual occupation.

The late and latent cases (56) where syphilis has been present for several years, are more hopeful. These are discovered by routine tests, by follow-up

of known cases, and in the investigation of other diseases in the regular work of other sections of the hospitals. In such cases treatment, though usually prolonged, is likely to prevent the advance of the disease to the disabling or fatal forms.

(c) *Congenital Syphilis.*

As noted in previous reports, this is becoming a rare disease, and it is hoped that it will be extinct very soon. In 1956 we diagnosed 13 cases. Study of the age groups reveals that 2 were under 1 year, 2 between 5-14 years, three 15-24 years and six were age 45 years or older.

The two cases under 1 year have been studied closely. One came from Fife, and the mother had previously had a small amount of treatment for syphilis but was stupid and non-co-operative and she did not have any ante-natal care or anti-syphilitic treatment while pregnant. The Edinburgh case was an illegitimate baby and the mother had no ante-natal care, nor did she know the father of the child. Mother and baby had intensive treatment and are probably cured.

(d) *Gonorrhoea.*

This disease was diagnosed in 318 males and 169 females (total 487). The great majority are cured rapidly and probably permanently by penicillin or other antibiotics. Some slight degree of resistance to penicillin has been observed but only one patient failed to respond to high dosage. The organism from this case was cultured and in vitro tests proved sensitive to penicillin in the concentrations usually tested.

Ophthalmia neonatorum is fortunately rare but the occurrence of sporadic cases indicates the need for continued vigilance.

(e) *Non-Specific Urethritis.*

Non-specific urethritis in males is now recorded in official returns as a separate entity. It has long been a major problem in V.D. clinics, and though there has been continued investigation into the causes, and therapeutic trials of new drugs, we must confess that very little real advance has been made. The newest (and most expensive) antibiotics seem to present little advantage over the old methods of treatment. The Edinburgh clinics treated 361 cases during the year; and non-specific urethritis thus outnumbered gonorrhœa and requires much more medical care.

Chancroid.

Only three cases were recorded in 1956; this low incidence is a matter of chance as such cases are all infected in foreign (usually tropical) countries.

Trichomonal infections.

We now record in our statistics the incidence of trichomonal infections, and 508 patients were diagnosed in the year. While these are not necessarily venereal we find the parasite present either alone or along with the specific organisms of

venereal disease in a high proportion of our patients. *Trichomonas vaginalis* is thought to be present in up to 10 per cent. of cases of non-specific urethritis of males, but it is present in about 40 per cent. of the female patients attending our clinics. Continued trial of new methods of treatment has been made but little outstanding advance can be recorded. The claims for certain drugs given by mouth have not been substantiated ; these preparations are still widely advertised though most experts have pronounced them to be almost worthless.

There is need for continued research into the epidemiology of this condition ; the great majority of cases are non-venereal in origin, and defective hygiene at home may account for the spread.

Other venereal conditions represent a considerable number (423) of the cases treated. Though many are trivial, *e.g.* warts on the genito-urinary organs, their diagnosis and treatment requires special facilities. There has been an increase in the number of such cases, many being due to virus, fungus and yeast infections.

Non-venereal cases.

In this year we proved the absence of venereal infection in 579 males and 210 females. Though this is a " negative " finding, it is an important part of our work. It represents the desire of the population to be sure that they are free from disease, either having escaped infection or having previously received treatment elsewhere. Many cases are brought for examination by infected consorts, or they are members of a family in which contagious disease has occurred.

Prevalence of V.D. in the Community.

It seems to be impossible to obtain accurate data on the prevalence of gonorrhœa, as it seems likely that a proportion of cases receive treatment by their family doctor. Cases of late syphilis are also treated by their doctor or by physicians, but as treatment is complicated and prolonged the great majority are referred to hospital. As recorded earlier the incidence of early syphilis is low and therefore contagious cases are brought under treatment at an early date,

Studies made by the Blood Transfusion Service on the blood of new donors indicate that positive reactions for syphilis are given in 2 per thousand of volunteers. Further investigation in which we co-operated proved that only about half of these cases are true instances of occult syphilis. It is interesting that the incidence of unsuspected syphilis is approximately equal to that of occult tuberculosis. It might be well worth while trying to secure blood tests for syphilis as well as radiological examination of the chest from a large section of the population. For many years it has been the practice to take routine blood tests from pregnant women. In 1956 in one series of 4,198 pregnant women there were four with definitely positive reactions for syphilis, another was a known case of syphilis, previously

treated, whose blood gave partial positive reactions. Twenty other cases required fuller investigation by a series of serological tests but were considered to be non-syphilitic. It is only by such laborious means that congenital syphilis will be eliminated completely and the reservoir of latent syphilis in the community will be reduced.

Sociological Work.

The medical staff, nurses, and the health visitors seconded from the Public Health staff continue to do excellent work related to the detection of sources of infection, securing the examination of "contact cases," persuading patients to co-operate until treatment and tests are completed, alleviating hardships, and the general welfare work which is invaluable to the success of our work. The advanced age of some of our older patients means there is an increasing burden of such work, *e.g.* finding a home for elderly invalids, aid in getting dentures, splints, glasses, convalescence after leaving hospital, employment, etc., etc.

Sources of Infection.

Attention has already been drawn in the section dealing with early and contagious syphilis to the observation that a considerable proportion of such cases come from foreign countries, or is found in persons infected at sea ports by contact with such cases.

In analysis of 1,530 venereal cases (1,152 males and 378 females) we find that 60 per cent. were infected in Edinburgh, 25 per cent. in other parts of Britain and 15 per cent. in foreign countries. The infections arising abroad are almost entirely in males.

A series of 1,359 males stated the source of their disease to be:—Prostitute 27 per cent., "Amateur" (*i.e.* without payment) 59 per cent., wife 14 per cent. Prostitutes are still a public danger.

A similar group of female patients (393 cases) stated the source of infection to be:—Prostitution 6 per cent., non-prostitute promiscuity 59 per cent., husband

In the male group a much higher proportion (4 : 1) stated that their consort was an unknown rather than a known person. The women claimed the ratio of unknown : known consorts was 1 : 3. These figures are to be taken with some reserve, as I suspect that most men have no shame at being infected by an unknown partner, or may tell lies to shelter and conceal the identity of a "girl-friend." It is, however, a fact that in certain bars and cafes and dance halls there will be found a number of girls who are habitually promiscuous, and often their casual sexual partners have no idea of their name, nickname, address or even their general appearance. Some of these are a considerable nuisance and danger to seamen, servicemen and mildly intoxicated youths.

Age incidence.

It might be expected that there would be a high incidence of V.D. among the very young and inexperienced—for example the “teenagers.” But our figures for 1956 are as follows in 500 cases.

Age Group	Number	Percentage
5-14 years	Nil	—
15-24 „	207	41
25-34 „	214	43
35-44 „	100	20
45 and over	79	16

There is little evidence that the “teddy-boy” cult (and its female counterpart) or Rock ’n Roll has any influence on the incidence of venereal infection, though, of course, the addicts are not immune. In general we have found such persons to be unco-operative in treatment, not being willing to accept the self discipline necessary for cure.

Many other centres in Britain have found a large increase in venereal disease attributable to the influx of West African and West Indian immigrants. We have a few coloured patients, but no increase in incidence due to this factor has been observed in Edinburgh. If such immigrants come to Scotland there should be adequate provision for their proper housing and social amenities, and if possible, women from their own countries should accompany the men.

Acknowledgment.

Once more I take the opportunity of expressing my appreciation of the work of all the staff, whose tact, skill and devotion to duty have continued the success of the department, and maintained its high prestige in the opinion of the medical practitioners of this area and the confidence of the general public.

THE DOMICILIARY SERVICES.

MIDWIFERY.

The Year's Work.

The domiciliary midwifery service continued to operate unchanged and in a satisfactory manner throughout the year under review. A total of fourteen midwives was directly employed by the Corporation in addition to the agency arrangements with the Queen's Institute of District Nursing and the Simpson Memorial Maternity Hospital. A few confinements were also undertaken by the staff of the Elsie Inglis Maternity Hospital.

The number of domiciliary births increased by 49 over the 1955 figure to 1,331. These were undertaken by the various agencies as follows :—

Corporation midwives	...	...	...	...	...	880
Simpson Memorial Maternity Pavilion	...	...	...	...	...	226
Queen's Institute of District Nursing	...	...	...	...	...	173
Elsie Inglis Maternity Hospital	...	...	...	...	...	36

Of the remaining sixteen births, eleven were attended by private maternity nurses and one by a medical practitioner only, whilst four had neither doctor nor midwife in attendance. In these latter cases neither doctor nor midwife was booked for the confinement and it was only after the birth that the midwife was called upon to attend.

District Homes.

As a result of the agency arrangements with the Elsie Inglis Maternity Hospital being discontinued at the end of 1955, the centre at Niddrie Marischa became responsible for domiciliary midwifery in Portobello and Abbeyhill, and, as anticipated, it was necessary to appoint a third midwife there.

Approval was obtained during the year for the capital expenditure in connection with the extension to Southhouse Farmhouse to provide additional accommodation for another midwife and pupil and a district nurse. It is anticipated that building will commence in the Spring of 1957.

Ante-natal Care.

In the past fifty years in Great Britain we have seen the maternal mortality rate fall from 5 per thousand births to 1 per thousand, and the infant mortality rate diminish from 140 to 25 per thousand births. Nevertheless, it is considered that a substantial proportion of the present 500 or so maternal deaths each year must be regarded as avoidable, whilst maternal ill-health, particularly toxæmia of

pregnancy, is known to be a major cause of stillbirths and neonatal deaths. This is stressed in a memorandum by the Standing Maternity and Midwifery Advisory Committee on the subject of ante-natal care related to toxæmia, which indicates that inadequate ante-natal care is the commonest avoidable factor.

The success of Professor Baird in Aberdeen, and similar results obtained in Sydney and in New Zealand, in lowering the incidence of eclampsia and halving the perinatal mortality rate is attributed to prompt detection of toxæmia through strict attention to ante-natal care, followed by early admission to hospital and appropriate treatment. This early recognition of toxæmia depends upon a routine designed to detect the smallest deviation from the normal, *e.g.* a rise in blood pressure, slight œdema or unduly rapid gain in weight.

It is indicated in the memorandum that the average length of pregnancy for toxæmic mothers whose babies are stillborn or die soon after birth is shorter than normal, and that in such cases the routine ante-natal examination by the doctor at the 36th week is too late. It is essential in the early recognition of toxæmia to have a medical examination at 30 to 32 weeks and careful intermediate examinations thereafter. The medical examination at the 36th week is still important for the recognition of conditions likely to lead to birth trauma, which is still a high cause of perinatal mortality. The early recognition of maternal ill-health is important and two valuable measures in this connection are x-ray examination of chest and dental examination. The appropriate treatment must be instituted early where there is any deviation from the normal. In the early ante-natal period too the effect of conditions such as Rubella must be borne in mind, and, in view of the danger of permanent damage to the fœtus from this type of infection in the first three months, protection by Rubella convalescent serum or gamma globulin may have to be given. A supply of these materials is kept in the department for the use of general practitioners.

Co-operation with Family Doctors.

In the city a number of doctors are now conducting their own ante-natal and post-natal clinics at which the midwife attends and, in addition to the telephone contact between midwife and doctor at the time a patient is booked, these examinations by the doctor and midwife together promote amicable understanding in the interests of the patient. Between these examinations by the family doctor, the midwife is seeing the mother at short intervals to check blood pressure, urine and weight. Any mother showing signs of a rise in blood pressure, excessive gain in weight, œdema or other abnormality is referred to the doctor. The normal practice in the city is as recommended by the Maternity and Midwifery Advisory Committee for the midwife to see the patient monthly until the 28th week, fortnightly until the 34th or 36th week and then weekly.

Blood examination is a most important feature of ante-natal care, which cannot be omitted nowadays by the doctor. By a blood test at the time of booking, and again at 30 to 32 weeks, the presence of anæmia can be discovered and early treatment instituted with a view to preventing the occurrence of hæmorrhage before or after labour. The blood group is also obtained to save

time in case blood transfusion is required as an emergency, and it can also be established whether or not a mother is rhesus negative.

Analgesia.

In the early part of the year the midwives directly employed by the Corporation attended a refresher course in the use of Trilene analgesia. This apparatus is demonstrated to mothers by the midwife during the pregnancy ; a medical examination for fitness is, of course, undertaken by the doctor. With the introduction of this new type of Trilene apparatus, for use by midwives in domiciliary practice, the number of mothers receiving Trilene increased during the year, while the number having gas and air diminished. Of the 1,315 confinements conducted by the domiciliary midwifery service, analgesics were administered to 1,126, the total given being 1,925, of which 1,474 were given by midwives and 451 by doctors. The main analgesics employed were Trilene 608 ; Gas and Air 434 ; and Chloroform 232. Pethidine was also given to 643 patients and other analgesics to 8 patients.

Health Education.

The domiciliary midwives are in a very much better position than their hospital colleagues to advise mothers about the proper care of themselves and their families. Many mothers, especially those having their first baby, have been frightened by superstitious tales concerning childbirth and horrifying gossip from hospital or elsewhere. Sympathetic understanding and alleviation of their fears is an essential part of good ante-natal care. Education is given by the city midwives in general nutrition, hygiene and the course of labour, and the husband too is known by the midwife and helped to a better understanding of the support he can give in the home.

Statistics.

The complete statistics in connection with domiciliary midwifery are contained in the report of the Maternity and Child Welfare Medical Officer to which reference may be made on page 39.

HOME NURSING.

Agency Arrangements.

The provision of facilities for nursing patients in their own homes, a responsibility of the Corporation under the National Health Service (Scotland) Act, 1947, continued to be undertaken by the Queen's Institute of District Nursing. The Liaison Committee, composed of representatives from the Queen's Institute and from the Corporation, met quarterly and referred policy matters to the Health Committee.

Nursing Establishment.

The following table showing the numbers of nurses engaged in this work, and the number of visits paid to patients indicates clearly the increasing amount of domiciliary care being undertaken year by year.

	Establishment proposed by City Chamberlain, 1952	Actual Staff 1952	Actual Staff 1953	Actual Staff 1954	Actual Staff 1955	Actual Staff 1956
Superintendent	1	1	1	1	1	1
Assistant Superintendents	4	4	4	4	4	4
Nurses in Greater Edinburgh	18	18	18	18	15	15
Nurses at Central Home	16	15½	16	24	30½	30
Trainees	22½ (30)	20 (27)	22 (29)	20 (27)	20 (27)	26 (39)
TOTAL ...	61½	58½	61	67	70½	76
Total Nursing Visits per year		246,545	256,335	293,859	296,905	305,841

The Superintendent and Assistant Superintendents are regarded as devoting half their time to Corporation functions and the other half to the Institute in connection with training. The trainees are considered to spend three-quarters of their time on nursing duties. The figures in brackets in the table indicate the actual numbers of trainees.

There is a total permitted establishment approved by the Health Committee of 76 nurses at the present time. Should additional nursing staff be required during the next year, provision has been made for an additional 4 nurses to be appointed, making up a total of 80, on the authorisation of the Chairman of the Health Committee and the City Treasurer.

The Year's Work.

As in previous years, home nursing continued to increase. The comparative figures for 1955 and 1956 are of interest. During 1956, 305,841 visits were paid to 11,009 patients, an increase of 8,936 visits and 651 patients. Visits to tuberculosis patients diminished by a further 16,336, following upon the decrease of 23,900 in 1955.

The hours on duty increased by 8,346 over the previous year to 173,974. This is accounted for by the number of old people requiring twice-daily visits as well as by the increased number of patients attended.

The arrangements for staffing the treatment room at the Sighthill Health Centre continued to function very smoothly. The nurses from the Central Training Home attended there from 8.45 a.m. until 9 p.m. daily and from 1 p.m. until 3.30 p.m. on Sundays.

General Nursing Care.

Nursing visits are made between the hours of 8.30 a.m. and 1.15 p.m. and 2.30 p.m. to 6 p.m. daily. Morning and evening visits are always paid to ill patients requiring visits twice a day and a skeleton staff is on duty each evening for emergency calls and for those ill patients requiring late injections and general nursing.

During the year many patients and general practitioners have voiced their appreciation of the services provided in the homes by the nurses who always do their best to express the spirit of helpfulness and co-operation at all times. In particular, the employment of male nurses has been most successful in the home care of many old men. Two male nurses left the service during the year, but it is known that others will be coming forward for training in the early part of next year.

District Midwifery.

The number of home confinements undertaken by the staff of the Institute increased by 31 over the figure for the previous year. A new ante-natal clinic is now functioning on Monday afternoons and an invitation is extended to all general practitioners to make more use of the centre at Castle Terrace for the examination of their patients.

Transport

With the use of a car provided by the Corporation Transport pool it is now possible for one of the male nurses to cover the outlying areas of the city and his services are in great demand.

The car allocated during the year to the Blackhall area has proved a great benefit and has been very much appreciated by the nurse in her home visits to this extending district.

Training Courses.

During the year members of the staff attended refresher courses, the expenses being defrayed by the Queen's Institute Educational Fund.

It is now the custom for final-year student nurses from all the Edinburgh hospitals to attend the training home for a lecture and demonstration, and, in addition, each nurse spends one day on the district with a member of the staff, receiving practical experience. Owing to the large number coming from the Royal Infirmary on each occasion, it has now been decided to take about 15 students each month instead of quarterly. This is proving most successful as the nurses are more easily allocated to the district staff in smaller numbers.

Several talks have been given to various organisations by members of the staff on home nursing and the work of the district nurse, and these were much appreciated.

HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1956.

DISTRICT	STAFF (Average)	PATIENTS						VISITS			Total Hours on Duty		
		MATERNITY		MEDICAL		SURGICAL		TOTAL		Ante- natal		Tuber- culosis	Total (all visits)
		Old	New	Old	New	Old	New						
Central ...	(See below)	5	176	1,128	5,159	130	624	1,263	5,959	1,522	14,153	229,335	141,413
Blackhall ...	1 Q.N.	—	—	31	192	3	9	34	201	—	412	4,321	2,477
Colinton ...	1 "	—	—	36	189	4	38	40	227	—	1,098	5,040	2,149
Corstorphine ...	1 "	—	—	37	205	2	15	39	220	—	181	4,784	2,114
Davidson's Mains & Cramond	1 "	—	—	26	146	3	35	29	181	—	312	5,127	2,510
Duddingston & Craigmillar	1½ "	—	—	45	490	6	53	51	543	—	2,884	10,893	2,856
Liberton & Gilmerton ...	2 "	—	—	61	424	8	66	69	490	—	3,180	12,102	4,121
Niddrie ...	1 "	—	—	16	61	4	51	20	112	—	62	2,272	1,914
Portobello & Joppa	2 "	—	—	52	382	8	45	60	427	—	257	7,803	4,926
Southfield ...	1 "	—	—	14	128	6	12	20	140	—	772	4,716	2,232
Sighthill ...	1 "	—	—	36	205	5	20	41	225	—	516	5,956	2,244
Wardie & Granton ...	2½ "	—	—	75	468	17	59	92	527	—	1,410	14,845	5,232
TOTALS	—	5	176	1,557	8,049	196	1,027	1,758	9,252	1,522	25,237	307,194	174,188

ADMINISTRATIVE STAFF :

1 Superintendent.
 4 Assistant Superintendents.
 1 Secretary
 1 Assistant Secretary.

NURSING STAFF AT CENTRAL TRAINING HOME :

Full-time—25 Queen's Nurses.
 2 Pupil Midwives.
 37 Candidates.

Part-time—5 Ex-Queen's Nurses.
 5 Non-Queen's Nurses.

HOME HELPS.

Growth of the Service.

The National Health Service (Scotland) Act, 1947, permits local health authorities to provide domestic help in households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over school age." A very wide range of households may thus be assisted by the provision of women capable of undertaking the duties and responsibilities normally provided by the mother of the family.

As was indicated last year, more and more requests are being received from general practitioners for the services of home helps to assist in the home care of elderly and chronically ill persons. This has again resulted in a further expansion of the service during the year under review. At the beginning of the period there were 56 full-time and 82 part-time helps employed, the equivalent number of full-time home helps being 97, out of the authorised establishment of 100 as resolved by the Health Committee in 1948. Towards the end of 1955 authority was obtained for the establishment to be increased to 120 and by the end of 1956 the numbers employed had risen to 54 full-time and 123 part-time, an equivalent of 116 full-time home helps. In anticipation of a further increase of staff being required in the early months of the year, when illness is most prevalent and when sickness amongst the home helps themselves may make it difficult to meet all requests, the Health Committee gave approval to the establishment being increased to 130.

Old-Age and Chronic Illness.

The arrangements for evening and week-end assistance for old persons and those chronically ill at home continued to function satisfactorily during the year. Home helps paid a number of evening visits to patients in order to provide supper or a hot drink, fill a hot water bottle and see them safely settled for the night. Week-end visits were also paid to some patients on Sunday forenoons, when a cooked midday meal was prepared for them.

Very few requests were received during the year for help of a limited nature, but, in view of a recommendation of the working party in Edinburgh that limited assistance daily or at less frequent intervals should be provided, the Health Committee decided to give it a trial. Three women were employed to do cooking, cleaning, shopping and household work for 3 hours on one or two mornings each week. This type of help has not proved particularly satisfactory because, although a list of people willing to undertake the work is maintained, they have very frequently been found not to be available when required, it not being possible to guarantee employment for any period. It is, therefore, thought that it may be more satisfactory to arrange for one of the home helps to look after two old people living near each other at the same time. It is encouraging to find towards the end of the year that suitable women wishing to work as part-time home helps are being more easily obtained and the administrative arrangements are more satisfactory than the employment of a number of persons for a few hours occasionally.

Night Attendance.

A night-sitter service is occasionally required for seriously ill persons living alone or to provide some relief for the relatives of a seriously ill patient. Such cases are frequently those of terminal illness. A year ago the Committee agreed to make two special home helps available for this kind of night assistance and in the course of the year six households have been helped.

Value of the Service.

As in previous years, many expressions of appreciation have been received in the department from people satisfied, and often more than satisfied, with the services rendered in their homes by the home helps. When illness strikes again, requests are frequently received for the same home help who proved so competent and kind on the previous occasion. These eloquent testimonials to the home helps may be taken as a tribute to the Supervisor herself who has so carefully selected the staff over the years. The smartness, tact and home-making abilities of the home helps in Edinburgh have been the subject of comment throughout the country and they are a real credit to Miss McAlpine who supervises them so closely and yet so fairly. Those doctors, nurses and almoners working daily with illness and the limitations of advancing years have no doubt that the home help service is making a major contribution to health and comfort in the homes of the citizens. It is most encouraging that a service potentially so open to abuse should function so smoothly with the most cordial relationships between the supervisory staff and the family doctors, health visitors and nurses.

Statistics.

During the year a total of 1,357 households received the completed services of home helps, the average period of assistance being 21 days. The types of cases provided with assistance included 355 maternity, 986 general and 16 tuberculosis, the average periods of assistance being 9, 25 and 25 days. The general cases included 558 cases where elderly persons were assisted.

ALMONER.

There has been a very considerable increase in the number of patients referred to the almoner in 1956, the total having risen from 259 in 1955 to 461 in 1956. An interesting feature of these figures is that general practitioners were responsible for the largest number of referrals, 161 in 1956 as compared with 89 in 1955. 140 patients were referred by the health visiting staff, 23 by the district nursing staff, 14 by hospital almoners, 37 by outside agencies, while the remaining figure of 86 represents applications made directly by patients themselves.

In the Public Health sphere the almoner finds herself able to contribute to both the preventive and curative side of medicine. Her health visitor colleagues, in the course of their many close contacts with young families, are able to spot the potential medico-social problems and, by directing the patient for social help, may avert deeper difficulties. Thus many of the 157 holidays arranged for mothers and young children in 1956 were preventive measures releasing tensions in homes

where harassed mothers or ailing children were factors leading to domestic breakdown. Many social difficulties presented themselves amongst the aged visited by the health visitors, and joint effort by them and the almoner could often enable patients to maintain the independence of their own home.

Of the patients referred by general practitioners a large number were people suffering from "stress and strain" illness—potential major medical problems. In many cases domestic or emotional tensions were having a direct bearing on the patient's condition, but frequently lack of insight into the nature of his difficulty, or inability to fathom the complex machinery of social legislation, had rendered the patient unable to solve his own problems. Where there were physical or psychological limitations, help was frequently required from the almoner in assisting him to focus his difficulties, and advice given as to how these difficulties might be met. In many complex situations the almoner found herself co-ordinating her patient's need for help from a variety of sources, statutory and voluntary, and while her location in the Public Health Department makes her link with local authority services very close, equally helpful relationships exist with statutory and voluntary organisations.

In her work with the general practitioner the almoner finds that her function as a medico-social worker extends into the field of curative medicine too. She is able to help the patient to adjust to the sudden impact of acute illness, and also to face up to the more fundamental adjustment required in the case of permanent disability where a completely new way of life may have to be accepted. Cases referred by doctors in 1956 have reflected both these aspects of illness. There have been the financial problems facing families whose incomes are suddenly cut by the illness of the wage-earner, and where the nature of the illness must of necessity incur additional expense. There have been the practical and emotional problems facing households where a member of the family is suffering from the last stages of incurable disease. There have been the difficulties confronting patients facing permanent disability, the nature of which may render them unfit for work or unacceptable to society, and attempts must be made to help them to adjust to as full a way of life as possible.

The almoner has continued to attend at the Sighthill Health Centre one half day each week. This arrangement has proved a convenience for patients resident in the Sighthill area but it has also provided the almoner with the direct liaison with the doctor, so necessary in the handling of medico-social problems where the medical implications are all-important. In the course of the year 24 patients were referred by the centre doctors.

Informal meetings between the members of another practice in the city, health visitors of the district, and almoner, have continued and proved to be of great value in co-ordinating what each has to contribute to the patients' welfare.

Assessment of charges.

Home Helps	...	...	...	744
Residential Nurseries	...	...	...	459
Day Nurseries	...	...	...	484
				<hr/>
				1,687
				<hr/>

MATERNITY AND NURSING HOMES.

There were no new nursing homes or maternity homes registered in accordance with the Nursing Homes Registration (Scotland) Act, 1938, during the year. As is customary, however, each of the 31 homes on the Register were inspected and the conditions were found to be satisfactory. The total number of births occurring in these homes during the year was 429.

NURSING AGENCIES.

There has been no change in the two agencies for the supply of nurses in the city, the Thistle Trained Nurses Ltd. and the Edinburgh Nurses Association. The premises and records were inspected and found to be satisfactory during the year and the renewal of their licence was thus recommended.

HOME NURSING EQUIPMENT.

The following table shows the various types of nursing equipment issued on loan during the year by the department to patients under domiciliary care.

The number of patients assisted was greater than in any previous year, being 220 more than in 1955.

The cost of purchasing new equipment and of repairs and laundering amounted to £1,000, and £49 was received in payment of hire charges on certain items.

Issue of Home Nursing Equipment—1956

				<i>Total No. Issued.</i>	<i>Issued and Returned.</i>	<i>Issued and Still on Loan.</i>
Air Beds	...	...	...	5	5	—
„ Rings	...	...	...	194	109	85
Bed Pans	...	...	...	226	138	88
„ Cages	...	...	...	24	13	11
Bedsteads	...	...	...	31	8	23
Bed Rests	...	...	...	58	41	17
Blankets	...	...	...	72	18	54
Fracture Boards (Sets)	...	...	...	47	17	30
Mattresses	...	...	...	55	21	34
Mattress Covers	...	...	...	47	13	34
Pillows	...	...	...	40	13	27
Pillow Cases	...	...	...	37	9	28
Rubber Sheets	...	...	...	127	78	49
Sheets	...	...	...	78	26	52
Urinals	...	...	...	74	35	39
Wheel-Chairs	...	...	...	22	13	9
Miscellaneous	...	...	...	14	4	10
				<u>1,151</u>	<u>561</u>	<u>590</u>

No. of persons issued with Home Nursing Equipment in 1956 744

No. of persons issued with Home Nursing Equipment in 1956
still on loan at 31/12/56 305

SIGHTHILL HEALTH CENTRE.

The year 1955/56 was the third year of functioning of the first Scottish Health Centre situated at Sighthill. The work of the Centre staff has steadily increased and several new developments have taken place during the year.

General Practice.

After three years' experience, the family doctors can very truly say that they should hate to be without the Centre. The benefits are so great that it is felt that all practitioners should have access to similar conditions for the conduct of their practice. It is fully realised that many practices outside health centres have excellent facilities and conditions, but in a health centre it is so much easier to provide a larger scope of services.

The first benefit is that accommodation and service are provided without any effort by the practitioner. He does not require to make arrangements about heating, lighting and cleaning or engagement of staff. These are provided under the control of the Secretary with the assistance of the Committee of Management which meets each month.

A secretarial and reception service is provided, which works most efficiently. Medical records are kept centrally for most practitioners. The record card for every patient attending is looked out, brought to the practitioner and filed again after use, a great assistance to the keeping of adequate records. Shorthand-typists are available to type letters for doctors.

A Queen's nurse in the dressing room is available from 9 a.m. to 8-30 p.m. to do dressings and give injections. A doctor who has had to treat a cut head from start to finish during a busy consulting hour will appreciate the benefit of the dressing room where the initial cleaning and subsequent dressing is done by a trained nurse and only the actual treatment is done by the doctor. In addition, preparations for minor operations are made by the nurse and the giving of injections and so on is of considerable help to the practitioners.

The benefit and convenience to patients and practitioners of a fully equipped physiotherapy department need not be pointed out to any general practitioner.

The laboratory works extremely well and is of great and growing assistance to the running of a general practice. Urine testing and blood examinations provide the bulk of the tests at present, but the scope is being widened gradually to include estimates of the nature of blood urea and blood sugar. A big innovation during the year was the provision of a sterile syringe service under the supervision of the chief pharmacist. This is of immense benefit and is functioning most efficiently. The practitioners in the Centre continue to work in three partnerships and two single-handed practices. Although there has been no further tendency to merge all these into one group, which might or might not be a desirable development, nevertheless there is a considerable degree of friendly co-operation between the doctors.

Pharmaceutical Services.

The foundations have now been laid for a full range of professional and technical services, the backbone being, of course, the N.H.S. dispensing. The

latter has greatly increased as more patients make use of the service until now the volume of dispensing tends to vary in proportion to surgery attendances. During the year dispensing was also undertaken for the local authority clinics.

The increased work has revealed some shortcomings in the accommodation, and, in particular, the situation of the clinical laboratory in another wing of the building has obvious disadvantages. For convenience, the small aseptic room in the pharmacy is being used for hæmoglobin estimations and for obtaining blood by finger prick for other examinations.

Local Authority Services.

The ordinary child welfare sessions for consultative purposes continued to be held twice weekly with a medical officer in attendance. The special sessions for triple antigen were held twice monthly until December when the sessions were discontinued with the termination of the triple antigen scheme. All the protective inoculations are now given at the ordinary sessions.

The arrangements for the school health service inspections and clinics continued as in previous years. Routine inspections are conducted as required on Friday afternoons and the minor ailment clinic is open on Wednesday afternoons. The school ophthalmologist attends weekly on Wednesday mornings and the chiropodist now attends for one full day on Wednesday each week.

An increased number of children attend for dental treatment, although the rise of 200 in those requiring emergency treatment indicates that the staff of two dental officers and one oral hygienist may be somewhat small to deal with the school population in the area. The two consultants attending for orthodontics and oral surgery found their clinics well attended. The technicians in the dental laboratory have had a fairly heavy year with the casting of 900 record models together with denture work and many other items.

The almoner continued to attend the Centre on one half day each week when 28 new patients from the district were referred to her by the family doctors.

The lecture hall with its attached kitchen has been increasingly used for cooking lessons, including short talks on food values and health films dealing with the preparation and planning of balanced diets. While these weekly sessions were greatly appreciated by those who attended, the number of housewives present was never large, and the meetings are being discontinued until a more active local organisation can be developed. The lecture hall has also been used for meetings of professional workers and their organisations.

The Old People's Health Club which came into operation in October 1955 continued to be well attended regularly each week throughout the year. The members have all agreed to accept medical and x-ray examination and from these examinations, which are being continued, it is hoped that useful information about ageing will emerge.

NATIONAL ASSISTANCE ACT, 1948.

Residential Accommodation.

Under Part III, Section 21, of the Act, the local authority must provide residential accommodation for those in need of care and attention. Temporary

accommodation must also be provided in special circumstances. These functions are administered by the Welfare Committee, but certain medical duties are carried out by staff from the Public Health Department.

(i) Residential accommodation for those in need of care and attention.

Accommodation for persons in need of care and attention is provided in Glenlockhart, Firrhill, Edinholme and Craigard and by arrangement with voluntary associations in various voluntary homes.

(a) *Glenlockhart.*

During the year there were 377 admissions, 244 discharges and 157 deaths, as compared with 367, 211 and 145 respectively during 1955. The average age of cases admitted was also higher, and, therefore, there is a tendency for the residents to be rather more frail than has been the case in the past. The vast majority of applicants for admission were visited by a medical officer of the Public Health Department prior to acceptance in order to ascertain their suitability for entry. A satisfactory liaison was continued with the general practitioners and the acute and chronic sick hospitals to ensure the correct disposal of cases.

The overall medical supervision of the residents is undertaken by the Public Health Department, although each person is registered with a medical practitioner under the National Health Service. All specialist and hospital facilities are available to each resident. In addition the ancillary services of a physiotherapist, chiropodist, dentist and optician are available on the premises.

(b) *Firrhill.*

This small home accommodates 16 men. Most admissions to the home are from Glenlockhart. There were 16 admissions, 16 discharges and 1 death during the year.

(c) *Edinholme.*

This small home accommodates 19 women. There were 4 admissions, 2 discharges and 1 death during the year.

(d) *Craigard.*

This small home accommodates 22 women. There were 20 admissions and 19 discharges during the year. No deaths took place.

(e) *Voluntary Organisations.*

Various voluntary bodies provide accommodation for persons in need of care and attention. In many cases supplementation of board is provided by the local authority. These homes are registered by the City Social Services Department to whom the advice of a medical officer is made available and a yearly visit is paid to ensure that a satisfactory standard is being maintained.

(ii) Temporary accommodation in special circumstances.

Accommodation is provided, in a separate part of Glenlockhart, for evicted families and those rendered homeless by fire or flood. During the year accommodation was provided for 28 women and 77 children.

Removal to suitable premises of persons in need of care and attention

Section 47 of the Act makes provision for the removal to suitable premises of persons who are suffering from grave chronic disease or are aged, infirm, physically incapacitated and living in insanitary conditions if they are unable to devote to themselves, and are not receiving from others, proper care and attention.

During the year 9 new Court Orders were obtained. Of these 9 cases, all were removed to Glenlockhart. In 8 instances an Emergency Certificate for immediate removal was required. On 1st January, 3 cases were outstanding from previous years. Of the total 12, 6 Orders were allowed to lapse during the year, while 5 of the cases died.

Registration of Disabled and Old People's Homes.

Under Section 37 of the Act an inspection of all homes registered by the local authority was carried out by a medical officer of the Public Health Department in conjunction with an official of the City Social Services Department.

The number of homes on the register at the 1st January 1956 was 20, compared with 23 on 31st December 1955, 3 having been registered during the year.

Welfare of Handicapped Persons.

The Welfare Committee has made arrangements with the following organisations for the care of these handicapped persons.

- (a) *Blind Persons*.—The Royal Blind Asylum and the Society for Welfare and Teaching of the Blind.
- (b) *Crippled Persons*.—Edinburgh Cripple and Invalid Children's Aid Society.
- (c) *Deaf and Dumb*.—Edinburgh Deaf and Dumb Benevolent Society.

Other Duties.

Various other related duties, although not directly under the National Assistance Act, were carried out by the Public Health Department. These duties included :—

- (a) Visitation of old people in their homes at the request of medical practitioners, health visitors, sanitary inspectors, voluntary organisations, etc.
- (b) Arrangements where necessary for the provision of a home help, "Meals on Wheels," or appliances and nursing requisites.

- (c) Regular follow-up of these domiciliary cases.
- (d) Periodic visitation to hospitals for the chronic sick in order to arrange transfer of cases between the hospitals and Part III accommodation.

MENTAL HEALTH SERVICES.

Introduction.—The incidence of mental illness and mental deficiency is such as to constitute one of the main medico-social problems of the present day. In Scottish mental hospitals there are about 21,000 patients, while about 5,300 more are in institutions for defectives in addition to 2,500 under guardianship and many awaiting residential care. An unknown number of people suffering from varying degrees of mental disorder or upset are living in the community and numerous social problems can be attributed to this fact. The cost cannot be accurately assessed, but must be great, not only in terms of personal suffering and loss of earnings, but also when one considers such factors as the economic effect on the community of the resulting loss of productivity, and the annual maintenance bill for patients in hospitals and institutions which amounts to approximately six million pounds.

During the last hundred years considerable changes in outlook have taken place and with these have come improved methods of care and treatment. Much remains to be done, however, and further progress depends largely on more research and suitable mental health education of the community. It is hoped that such measures may also lead to progress in the prevention of mental disorder, a task in which the local authority health service has a special interest and can play an important part.

Survey of Present Services and Needs.—During the year much preparatory work was undertaken with a view to establishing a comprehensive local authority mental health service. Initially, a survey of the present arrangements was carried out so that the needs could be defined, and, as a result, certain points presented themselves as deserving attention. Some of these were dealt with at the time, but it was found that others required action which could not be undertaken without an expansion of both staff and facilities. It is, therefore, intended to submit a comprehensive report to the Health Committee early next year to draw attention to the needs in the city and to suggest ways in which they might be met. Some of the matters requiring consideration are brought out later in this report under the relevant headings.

Mental Illness.—During 1956 the total number of applications for certification of patients was 337, of whom 287 were certified and removed to hospital. Comparative figures for the last few years are as follows :—

	1952	1953	1954	1955	1956
Number Certified ...	234	240	237	239	287
Application withdrawn ...	51	47	64	49	50

The proportion of male patients among those certified last year was 38 per cent. This shows little change from preceding years. The age-groups of those certified were as follows :—

Mental Illness—Certification						
Ages	Males		Females		Total	
	1955	1956	1955	1956	1955	1956
Under 16 years	1	—	1	—	2	—
16-19 „	4	3	3	2	7	5
20-29 „	14	14	10	19	24	33
30-39 „	11	18	25	23	36	41
40-49 „	13	15	22	20	35	35
50-59 „	15	15	16	22	31	37
60-69 „	13	19	22	23	35	42
70-79 „	17	16	29	40	46	56
80 „ and over ...	7	9	16	29	23	38
Not Certified and Withdrawn ...	95	109	144	178	239	287
	18	11	31	39	49	50
Total No. of Applications ...	113	120	175	217	288	337

The number of patients boarded out was 17 (8 males and 9 females), being one less than in 1955. The continued fall in this figure is due to the fact that the local hospitals no longer recommend patients for this type of care. A twenty per cent. rise in the number of patients certified during the year affects both males and females, but particularly the latter. In fact fifty per cent. of the total increase is due to the larger number of certifications among females over 70 years of age. The reason for this sharp rise is not certain. It was consistent throughout the year but cannot be taken at this stage as being definite evidence of an increase in the incidence of mental illness, as other factors, such as difficulties in gaining admission to a mental hospital as a voluntary patient, and the ageing of the population, also play a part. It remains to be seen whether the figures for 1956 indicate an isolated rise or the beginning of a trend. However, as one must also take into account voluntary admissions to hospital, which are considerably greater in number and are also increasing for other reasons, the need to tackle the problem urgently, and to take all possible steps to prevent breakdown, is obvious. To that end a course of lectures was given to the health visiting staff to point out the impact their work could have on the future mental health of young children and others with whom they make contact in the course of their work. In addition, an increasing number of public organisations were given, at their own request, talks and film shows on the subject, with a view to decreasing remaining prejudice and indicating the part each individual could play in promoting the mental wellbeing of the community. Encouragement was given, as far as possible, to the setting up of social and lunch clubs for elderly people, as there can be no doubt of the beneficial effects derived from them, especially to give companionship to those living alone. It is important to note that about a half of those certified were over sixty years of age, and action to help them to continue to play a part in society might well preserve the mental balance of many.

There is also a need for the development of care and after-care services for

patients living in the community, but the detailed requirements for this purpose are matters which can only be worked out by experience and in co-operation with the other branches of the Health Service. These points are being investigated and it is hoped that it will be possible to report significant progress during 1957. In the meantime patients, including some who have been discharged from hospital, are visited by medical or other staff or by the Edinburgh Association for Mental Welfare, when this is requested by general practitioners, hospital authorities, statutory or voluntary bodies or, sometimes, members of the public. It is sometimes found in these cases that the situation can be improved by help in solving a social problem, though this may involve protracted supervision.

Mental Handicap.—The following table gives the comparative figures for various categories for 1955 and 1956 :—

Mental Defectives						
	Males		Females		Total	
	1955	1956	1955	1956	1955	1956
1. Waiting for admission to institutions of South-East Regional Hospital Board as at 31st December ...	33	67	24	41	57	108
2. New cases admitted to above institutions	18	12	5	6	23	18
3. Re-certified at 16 years	4	1	2	—	6	1
4. New cases certified and placed under guardianship	2	1	1	7	3	8
5. Removed from guardianship as no longer suitable for boarding out ...	3	4	3	5	6	9
6. Removed from guardianship roll by death... ..	3	1	2	3	5	4
7. Under guardianship as at 31st December	67	63	90	89	157	152

The shortage of institutional accommodation is still a problem in the care of the mentally handicapped, and the waiting list continues to be long. It contained 108 names on 31st December, though 55, 62 and 57 were the numbers shown in the reports for 1953, 1954 and 1955 respectively. This marked rise is due not to the appearance of more cases, but to the fact that only those patients referred by the local health authority for institutional care were previously included. The figure for this year also takes in those who were added to the list as a result of referral by the education authority or general practitioners, and these raise the number from 60 to 108, which is a comprehensive total for Edinburgh.

Special schools are provided for the education of mentally-handicapped children in the community, and these have a present roll of 401. A junior occupation centre accommodates 89 who, though more seriously retarded, are trainable, while 4 more children with multiple, including mental, handicaps attend a special unit. For cases over school age who cannot take on normal employment, the Education Department also runs senior centres at Regent Road and Fountainbridge for 13 girls and 24 boys respectively. These classes are very valuable both to the participants and their relatives, and plans have been

made to transfer the girls' class to other premises which will allow for an expansion of this service. It is also hoped that a similar extension for the boys will be possible during 1957. During the summer, the boys from the senior class were offered a holiday together at Middleton House under supervision. Most of them took advantage of this and were away from home for a week. The boys obviously enjoyed this experience, and both parents and staff felt that the experiment was well worthwhile. It is worthy of mention that two of the boys obtained employment just after their return to Edinburgh, and it might be that the self-confidence derived from their period away from home was an important factor.

After-care of children who have left the special schools is undertaken on behalf of the Corporation by the Edinburgh Association for Mental Welfare which carries out home visits and supervision for as long as necessary and, in co-operation with the Education Department, takes an active interest in the provision of clubs, occupation centre facilities and holidays for those over school age.

Though the extent of the needs is not yet known, there is no doubt that certain additions and extensions to the present services for the community care of all grades of mentally-handicapped are required. These include increased visitation and guidance among certain groups of patients, combined with more comprehensive arrangements for diversional, occupational and training facilities both in the home and at appropriate centres. Short-stay residential care for mentally defective children is necessary to give temporary relief to parents, as well as hostel provision for high-grade adult patients who have no adequate home background. Consideration is being given to these problems and it is hoped that it will be possible to take steps towards their solution during the coming year.

Co-ordination.—During 1956, every effort was made to further co-ordination with other local authority departments, and to co-operate with all statutory, voluntary and academic agencies whose work impinges upon mental health. By this means it is felt that a more complete service can be achieved.

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1. *July 1957.*

To

The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1956. The various duties allotted to the department are classified under appropriate headings and all relative data included in appendices.

During the year under review two important Acts of Parliament came into operation—the Clean Air Act, 1956, and the Foods and Drugs (Scotland) Act, 1956. In general, each marks an important advance on past legislation, the former in particular by bringing domestic smoke under control and the latter by investing the Secretary of State for Scotland with powers to make food hygiene regulations.

To ensure cleaner air and safer food Edinburgh has constantly publicised the need for legislative reform. In both of these spheres of public health work the annual reports of the Sanitary Department bear eloquent witness to the city's pioneering spirit. Over a quarter of a century ago the smoke problem was presented as being two-sided, namely, industrial and domestic, and that in a city like Edinburgh the greater volume of smoke is contributed by domestic fires. Of the two evils, smoke from domestic chimneys is credited with being the greater nuisance. Property, vegetation and health all suffer more severely from its pernicious effects. Within recent years, the larger and more progressive cities sought wider powers in order to deal with the dual aspect of the problem in a more realistic and comprehensive manner. In the vanguard of this advance, Edinburgh has played a prominent and historic part. At Sighthill Industrial Estate the city established the first smokeless zone in Scotland by virtue of its recently-acquired powers under the 1950 Corporation Order. At present, this zone comprises 250 acres. In order to include neighbouring modern residential areas this acreage is to be extended by two phases to 725 acres under the provisions of the Clean Air Act, 1956, for smoke control areas.

At Gracemount, in the Liberton district, a Corporation Housing Scheme of 138 acres at present under development is also being smoke-controlled by missive-of-let. In the immediate future, therefore, a total area of 863 acres, having over 4,000 houses and 13,000 population, will be smoke-controlled within the city.

Of the industrial problem, the 1932 report said it is an axiom that boiler efficiency and smoke prevention go hand-in-hand, that the once popular idea that smoke means prosperity is false logic, and that combustion with high efficiency in boiler plants not only reduces smoke but is economically advantageous to industrialists themselves. How much more significant this is today may be judged from current prices for washed " singles " at 95s. per ton compared with 15s. per ton in the early 1930's.

Under the Clean Air Act, 1956, the prospect of establishing and gradually expanding a smoke-controlled area for the city centre has been hopefully revived by the provision of grants for the conversion of domestic grates and by other enabling clauses to deal with special classes of buildings and railway smoke. In the light of these concessions, the Health Committee has called for a re-examination of the project which should make a special appeal to the public and to visitors who come to the city from all parts of the world.

For some 50 years the city has played no less an important part in the field of food hygiene. Annual reports have stressed the need for strict cleanliness of premises and person, hygienic methods in the handling and distribution of food, improvements of structure and fittings, safeguarding exposed food from contamination by flies, dust and animals, and for sanitary conditions being reinforced by suitable food hygiene regulations. Over these years many sanitary improvements have been effected and standards raised in shops and food establishments, by virtue of Shops Act legislation and the co-operation of the owners or occupiers of such premises. Food hygiene regulations would do much to bring about more uniform improvements. This sphere is one in which the lady sanitary inspectors could play a useful and most important part.

The work of the department is reported in detail under the sections which follow.

HOUSING.

Clearance Areas.

Confirmation was received from the Secretary of State for Scotland on 16th May of the Orders made relative to St Leonard's (Dumbiedykes) Comprehensive Development Area. This area comprises 206 houses (16 vacant) with a population of 546. At the end of the year approximately 20 per cent. of the families had been rehoused.

In terms of the Housing (Scotland) Act, 1950, a Clearance Resolution was passed by the Magistrates and Council on 5th January, 1956, regarding the houses and other premises included in the Spey Street Clearance Area and Clearance Orders were subsequently made and served on all the owners. Confirmation of these Orders by the Secretary of State for Scotland is now awaited. This area comprises 93 houses (21 of which are vacant) with a population of 204.

The following table shows the Clearance Areas undertaken by the local authority since 1923 :—

Housing (Scotland) Acts, 1919-1925.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
Cowgate-Grassmarket, 1923	630	1,429
Leith, 1924	678	2,444
Canongate-Corstorphine, 1927	293	556
St. Leonards (1st Section), 1927	752	2,619
St. Leonards (2nd Section), 1929-30	1,544	5,375
Totals	<u>3,897</u>	<u>12,423</u>

Housing (Scotland) Act, 1930.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
Ann Terrace, etc., 1934	87	301
Trafalgar Lane, Leith, 1934	152	571
Maryfield, etc., Portobello, 1935	78	253
New and Old Broughton, etc., 1935	108	225
Couper Street, etc., Leith, 1936	327	1,186
Abbeyhill (1st and 2nd Sections), 1936	57	192
Albert Cottages, etc., 1936	41	200
Canongate (Duncan's Close, etc.), 1936	37	121
Canongate (1st Section), 1937	152	323
Morrison Street, etc., 1937	37	58
Meadowbank Cottages, etc., 1937	77	352
Lauriston, High Riggs, etc., 1938	178	538
Abbeyhill (3rd Section), 1938	25	92
Lapicide Place, etc., Leith, 1938	91	248
Totals	<u>1,447</u>	<u>4,660</u>

Housing (Scotland) Act, 1950.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population</i>
Burns Street, Leith, 1952	88	297
Calton Road, 1953	72	208
Totals	<u>160</u>	<u>505</u>
Grand total since 1923	<u>5,504</u>	<u>17,588</u>

Individual Unfit Houses.

During the year 198 houses were dealt with in terms of Section 9 of the Housing (Scotland) Act, 1950, either by the making of Demolition Orders, Closing Orders or the acceptance of Statutory Undertakings from the owners.

In addition the owners of 25 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining other accommodation.

The House-letting Department re-housed 183 families from unfit houses and the houses were subsequently closed.

The following table shows the number of individual unfit houses dealt with since 1923 :—

Housing (Scotland) Acts, 1919-1950.

		<i>No. of houses.</i>	<i>Population.</i>
Housing (Scotland) Acts, 1919-1925	...	272	979
Housing (Scotland) Act, 1930	...	2,053	6,438
Housing (Scotland) Act, 1950	...	328	1,027
		<hr/>	<hr/>
Total	...	2,653	8,444
Voluntary Undertakings from owners	...	295	944
		<hr/>	<hr/>
Grand Total since 1923	...	<u>2,948</u>	<u>9,388</u>

Overcrowding.

Certificates relative to overcrowding in dwelling houses were submitted to the House-letting Department on behalf of 1,715 applicants for Corporation houses, a decrease of 962 as compared with the previous year. The House-letting Department rehoused 1,167 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 614 from the previous year.

Bug-infestation of Houses.

The scheme adopted by the local authority in 1934 to prevent the transference of bug-infested furniture to new houses continues to give entire satisfaction. During the year the houses and household effects of 3,443 prospective Corporation tenants were examined by the district sanitary inspectors and lady inspectors and 40 or 1·16 per cent. of that number were found to be bug-infested. The number of bug-infested houses found continues to fall each year due in no small measure to the appreciation of the tenants of the efficiency of the modern insecticides including D.D.T. Since the scheme was put into operation 55,758 houses have been inspected and 4,441 or 7·78 per cent. have been found to be bug-infested.

The furniture from bug-infested houses is removed in special pantechnicons to the fumigation chamber at Powderhall and there subjected to hydrocyanic acid gas for a period of two to three hours. The bedding and bed-clothes are treated in the steam disinfecter. The furniture and bedding are thereafter delivered direct to the new houses. Since 1934, when this work was commenced, 3,881 fumigations have been carried out, including 48 for the year under report.

Supervision of Rehousing Areas.

The houses in the rehousing areas were visited regularly by lady sanitary inspectors and the results continue to be most gratifying.

Close contact is made with housewives, and by sympathy and understanding they are encouraged to adopt careful and cleanly habits. In the course of the visits the following matters are noted :—

- (a) The size of the family, including the number of male and female inhabitants, with the ages of children. Where serious overcrowding is found to exist the House-letting Department is notified.
- (b) Where sub-letting takes place, or any lodgers are kept, the matter is reported to the House-letting Department.
- (c) The condition of each room, kitchenette, bathroom, etc., is observed and any matters requiring the attention of the occupier are pointed out and advice given where necessary.
- (d) Particular attention is paid to the possibility of bug-infestation with a view to adequate measures being adopted.
- (e) Any structural defects are noted and passed on to the City Architect's Department.
- (f) The condition of the stairs and passages is closely observed and any departure from the cleaning rotation is brought to the notice of the defaulter.
- (g) Any complaints received regarding alleged overcrowding, keeping of lodgers or sub-tenants, keeping of animals, or failure to wash stairs are investigated.
- (h) Houses in which infectious disease occurs are visited and the necessary enquiry form completed for the information of the Medical Officer of Health.
- (i) The occupiers frequently ask advice about domestic and family matters which is given where possible and provides opportunity for closer understanding between the lady inspector and the occupiers.

During the year 17,844 visits were made to 13,500 houses, and the following table shows the condition of the houses at the end of 1956, as compared with the previous year.

	Clean	Percentage of total	Fair	Percentage of total	Dirty	Percentage of total	Total Houses Visited
31st Dec. 1955	11,789	96·39	433	3·54	8	0·07	12,230
31st Dec. 1956	12,910	95·63	578	4·28	12	0·09	13,500

In addition to the aforementioned routine visits the lady sanitary inspectors made 394 visits regarding Certificates of Overcrowding; 1,772 enquiries on behalf of the House-letting Department; 695 enquiries regarding infectious disease in Corporation houses; inspected 432 staircases in housing areas re stair-painting; visited 661 tenements re stair-washing byelaws; miscellaneous

complaints totalled 1,835 ; visits were made to 133 premises as to suitability for inclusion in the Apartments Booklet, issued by the Transport Department.

Housing (Repairs & Rents) (Scotland) Act, 1954.

This Act came into force on 30th August, 1954, and amongst other matters permitted an increase in rent in houses where the owner had spent on repairs over a period of 12 months a sum of not less than three-fifths of the rent which was recoverable immediately before the commencement of the Act. In addition the house has to be in good and tenantable repair and in no other respect be unfit for human habitation.

“ Repairs ” for the purposes of this Act includes maintenance but does not include improvement, structural alterations or the provision of additional or improved fixtures or fittings.

If on receipt of a notice of increase or at any time thereafter the tenant is not satisfied that either or both of the conditions justifying the increase of rent are fulfilled, he may apply to the local authority for a certificate of disrepair. When a certificate is granted the local authority must serve a copy on the landlord. The certificate is treated as having been in force since the date of the application and so long as it is in force no repairs increase is recoverable.

After a certificate of disrepair has been granted and the owner has carried out the necessary repairs to the satisfaction of the local authority he is entitled, on application, to have the certificate revoked. The landlord has a right of appeal to the Sheriff against the local authority's decision to (a) grant a certificate of disrepair ; or (b) refuse to revoke a certificate of disrepair.

During the year 104 applications were received for certificates of disrepair. Certificates were granted in 16 instances ; 81 were refused and 7 tenants withdrew their application. 24 applications were received from owners for revocation of certificates of disrepair and 22 were granted ; 1 was refused and 1 application was withdrawn by the owner. An application in terms of Section 20 of the Act was received and a Certificate of Repair was granted.

Appendix 15 shows the Return of Certificates issued by the local authority under Part II of the Act between 30th August, 1954 (the date of the commencement of the Act) and 31st December, 1956.

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year, 13,252 nuisances and structural defects in dwelling-houses and other premises were dealt with by the department. Of this total, 10,868 or 82·01 per cent. were discovered or reported upon by the district inspectors. 2,322 or 17·52 per cent. were notified by citizens and 62 or 0·47 per cent. were notified by other city departments. To bring these structural defects to the notice of the owners of the property concerned 426 Intimations of Existence of Nuisance in terms of the Public Health (Scotland) Act, 1897, were served.

In 124 of these cases no appropriate action was taken and Statutory Notices had to be served to effect the required improvements.

New apparatus fitted in water closet apartments numbered 23 and a further 32 were improved or repaired. In 6 cases water closets and sinks were found to be in a dirty condition and were subsequently cleansed and 15 chokages were cleared.

Three new sinks were introduced into premises and 7 insanitary sinks were abolished. Forty-seven repairs were carried out to sinks and surrounding woodwork. Choked sinks, wash tubs, etc., numbered 13 and there were 4 wash-hand basins renewed or introduced. Eighteen Intimations in terms of the Edinburgh Corporation Order, 1926, were served in connection with the renewal of sinks and water closets and since no action resulted in 7 of these cases, Statutory Notices had to be served.

Various repairs to drains, soil pipes, sink waste pipes and rain water conductors totalled 91 and there were 129 choked drains and 8 surface traps cleared. With regard to the domestic water supply it was found necessary to have 187 cisterns cleaned or covered while 54 cisterns were repaired or renewed. The number of houses temporarily without water supply due to burst pipes, etc., numbered 36. Notices served regarding the cleaning of water cisterns totalled 170.

Repairs to houses relating to floors, hearths, doors, walls, windows, coal bunkers, grates, ranges, boilers and ceilings amounted to 388.

General nuisances in connection with dwelling-houses and other premises totalled 10,667 including dirty houses, offensive smells, dampness, smoky vents, overcrowding, floodings, animals, accumulations of rubbish, manure, noise nuisances and infestations by rats, mice, bugs and other pests. Complaints of tenants casting bread or garbage over windows in 30 instances necessitated the serving of 847 Notices cautioning them about this offence.

In the course of the year, 1,050 staircases were painted at the instance of the department. This was achieved by the serving of 4,765 Notices. Another cause of unsatisfactory conditions in stairs and passages was the neglect by persons to take their turn of sweeping and washing the stair in 426 instances.

There were 65,165 inspections made in all during the year. Details of nuisances abated and defects remedied are given in Appendix 1 and inspections in Appendix 2.

Noise Nuisance.

Complaints under the heading of noise nuisances amounted to 45 during the year. Twenty-four of these complaints were the result of excessive noise from neighbours' houses and included television and radio sets, musical instruments and defective smoke dispersers. There were 21 complaints of noise from industrial premises and these included bakery machines, printing machines, a circular saw, lorries in a garage, refrigerators in shops and hair dryers in a hairdresser's shop. It was found generally that representations by the department on behalf of the complainants were received sympathetically and it was possible to improve matters so as to prevent cause for further complaints.

Places of Public Entertainment.

In the course of their duties, the district inspectors frequently inspected theatres, cinemas and other places of public entertainment to ensure that reasonable hygienic standards were being maintained. Any matters requiring attention were brought to the notice of the management who had them rectified.

Offensive Trades.

The offensive trades registered within the city comprise 4 tanners, 1 gut scraper, 1 glue and size maker, 1 soap boiler, 2 tripe cleaners, 5 manure manufacturers, 2 fellmongers, 2 tallow melters, and 2 skin and hide factors, making a total of 20. Inspections showed that the provisions of the Bye-laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the limewashing of walls, the cleansing of floors and utensils and the thorough flushing of drains were being observed.

Common Lodging Houses.

Details of lodging houses and other houses controlled by the Bye-laws are given in Appendix 4. Regular inspection of these premises was carried out to ensure that the terms of the Bye-laws were being observed.

Hairdressers and Barbers.

There are 321 premises registered in the city as Hairdressers and Barbers which are inspected periodically by the district inspectors. With regard to equipment and cleanliness of shops it is pleasing to note that improvements continue to be made as a result of these visits.

RODENT AND INSECT CONTROL.

Rats and Mice.

The Prevention of Damage by Pests Act, 1949, requires the local authority to take such steps as may be necessary to secure so far as practicable that their district is kept free from rats and mice.

With this aim in view, inspections and surveys were carried out in various districts of the city, of shops, factories, farms, piggeries and other places. Where premises were found to be infested, advice was given on the best method of abating the nuisance and any steps necessary to rat-proof the premises against further infestation. The close co-operation obtained by the department from the occupiers is shown by the fact that no Statutory Notices required to be issued throughout the year.

The majority of infestations notified to the department were of a minor character although in two cases a fairly heavy infestation was found. In one case, rats were observed running about the steading and outbuildings of a farm taken over with a site for a new housing site. Poison baits containing Zinc Phosphide were put down in the runways and on re-inspection a large number of dead rats was collected. The other instance occurred in a large grain store in close proximity to tenemental property. This proved more difficult to deal with as Black Rats were found in the store and had for food a ready supply of various types of grain.

Utensils containing "Warfarin" dissolved in water were placed at various points and also trapping gave satisfactory results. In both instances no further complaints have been received from the residents in the vicinity. In all other cases trapping and "Warfarin" poison baits proved effective.

The co-operation of the City Engineer's staff was of considerable assistance in having suspected drains investigated and the necessary repair work executed. Sewer manholes were again baited and on re-inspection good takes were observed. Upon intimation being received from the Electricity Board that electricity junction boxes showed evidence of rats, poison baits were also laid down.

Circular letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order, 1950. The co-operation of the City Police was also secured in notifying this department of farms where threshing was in operation.

Details of the number of premises visited, complaints, and other matters dealt with, are shown in Appendix 9.

Disinfestation of Bug-infested Houses.

The number of bug-infested houses treated during the year was 59, comprising 77 apartments. Of this number, 15 apartments were treated as precautionary measures being adjacent to infested houses or having a history of previous infestation and treated at the request of a new ingoing tenant. The number of apartments treated for actual infestation, excluding precautionary treatments, was 60 compared with 104 in 1955. All infestations were of a light nature and in every case were found in old and condemned properties. An inspection was made of properties which were treated for heavy infestation during 1947-48, when 875 apartments, 67 of which were heavily infested, were treated : there were no signs of bugs in any of these houses and it can be assumed that the results of the campaign were highly successful. There is no doubt that the improving standard of cleanliness, the use of insecticides by householders and by this department, and the demolition of old buildings will eventually eliminate the bed bug from our city.

Beetles, Cockroaches, Wasps, etc.

The number of apartments treated for infestation of beetles, cockroaches, fleas, wasps and other insects, was 206 compared with 207 in 1955.

Earwigs.

There were many complaints of earwig infestation. In most cases advice was given on the carrying out of treatment. The common earwig feeds on dead insects, roots, leaves, blossom and ripe fruit. It is a familiar insect and is often a pest in gardens and houses. Eggs are laid in the soil usually in late winter and the larvæ mature about the end of July and find their way into dwellinghouses in large numbers through spaces in window frames, especially if breeding close to the wall outside. It is also brought into dwellings with fruit and vegetables. Earwig infestation can be kept in check by spraying window frames, sills and surrounding wall with a strong insecticide and treating the adjoining ground with D.D.T. powder. The insects are harmless to human beings : the idea that they enter the ear when opportunity occurs has never been proved and is discredited by entomologists.

The table in Appendix 9 shows the number of apartments treated for verminous infestation in each ward, the total number being 283.

ANTI-FLY CAMPAIGN.

It has long been understood that fly prevalence is linked with climatic conditions. The long spell of warm dry weather during the summer months of 1955 produced ideal conditions for fly breeding, and, as anticipated, an increase in the numbers of flies became evident in certain areas, particularly near piggeries, from the end of August onwards. In contrast, during the year under review, the unpleasant summer weather did not encourage breeding and few flies were observed even in known areas of prevalence.

It may be that the widespread use of insecticides nowadays has also had an effect and the efforts of householders and shopkeepers, as a result of the appeal to co-operate in the fly campaign, is a matter for congratulation. In visits to houses and shop premises throughout the city a considerable improvement is noticed in the covering of foodstuffs and it is found that insecticides are being generally employed.

Many dustbins, however, are still unsatisfactory. There are too many buckets and tins without proper covers, while a number of dustbins of the metal type are seldom cleaned out properly. Infrequent cleaning allows waste refuse (ideal breeding material) to stick to the bottom and sides of the bin. It is recommended that bins should be lined with newspaper in order to avoid this risk.

Now that the number of stables in the city has been so greatly reduced the main fly breeding places are the piggeries.

Publicity

Special posters were again displayed on public transport and in business premises. The best results are, of course, achieved by the district sanitary inspectors who are able to give advice on the spot in the course of their visits. At the same time they distribute copies of the advisory leaflet on fly destruction provided by the Scottish Council for Health Education.

Treatment

As the result of experience in previous years, treatment this year was commenced on 2nd July instead of in June. It has been found that insecticides used in the early summer months tend to deteriorate in strength and are liable to be ineffective towards the end of August when fly breeding is increasing and before the second treatment is undertaken in September to control the autumn breeding period. All treatment had been completed by 12th October.

The insecticides used during the campaign this year were 5 per cent. Lindane Water Emulsion and 10 per cent. D.D.T. Powder. As well as being safe and easy to use these have been found to give satisfactory results. Aerosol fly sprays are also most effective and were again employed.

So little evidence of fly breeding was found in many of the usual places, mainly due to the cool weather, that treatment would have been wasteful of time and material. This applied particularly to the kitchens of the school cooking centres which were free from fly infestation. For this reason fewer premises and areas were treated than in the previous year. The actual numbers of treatments undertaken in 1955 and 1956 were 507 and 345.

Common Lodging Houses.

As in former years particular attention was directed to the common lodging houses in the city and careful observations were made both before and after the insecticide treatment was undertaken. Few flies were seen in any of these premises, the greatest improvement being noted in the Lawnmarket area, where experience has shown that the fly prevalence in the summer months tends to be higher than in other areas.

Results.

It is difficult on this occasion to apportion credit between the weather conditions and the anti-fly campaign, but there is no doubt about the menace this year being minimal. A review of the annual campaigns since these were inaugurated in 1947 indicates that good results are being obtained in reducing the sources of fly prevalence in the city by the anti-fly measures sponsored by the Health Committee and by householders and shopkeepers as a result of publicity.

Appendix 9A shows in detail the number and types of premises treated during the campaign.

SMOKE ABATEMENT.

Clean Air Act, 1956.

The past year will be remembered as the period in which the greatest single step forward was taken in the long crusade against atmospheric pollution by the passing of the Clean Air Act, 1956, several provisions of which came into effect on 31st December. For the first time effective action can now be taken to prevent pollution of the atmosphere from domestic chimneys.



SMOKELESS ZONE—S'GITHILL

STOKING METHODS



1. ANCIENT



2. MODERN

Other important features of the new legislation are a much more stringent standard of the density of smoke permissible and the need for owners of furnaces to use the best practicable means to minimise grit and dust emission. New furnaces must be smokeless as far as practicable, and notice of proposal for their installation must be given to the local authority. In addition, smoke control areas may be established in which only authorised fuels may be burned, subject to certain exceptions, and grants may be obtained from the local authority and the Government towards the cost of adapting domestic fire-places.

It has needed 100 years of agitation and propaganda to establish by legislation Smoke Control Areas as provided for in the Government's Clean Air Act. The value of the new Act has yet to be proved by its application in practice, but it is hoped that it will bring about a great and beneficial change in the atmospheric conditions of our towns and in the health of those who live in them.

Industrial Smoke.

When coal was cheap and plentiful the introduction of mechanical stokers was regarded by many as an unnecessary expense. Industrialists considered them to be a gadget with doubtful advantages while boiler operators were concerned at the possibility of their services being replaced by automation. Present-day conditions have brought about a new set of factors which have changed even the hardest sceptics.

Dearer coal of varying quality and the need for its conservation, coupled with ever-increasing complications in size and design of boiler plant, together with the realisation by plant owners of their responsibilities under the Clean Air Act have resulted in a change of thought. Now, the introduction of mechanical stokers is considered by most to be a necessity in order to attain the maximum efficiency and safe operation of their boiler plant.

Where departmental representations have been made the following works have been executed :—

Type of Establishment				Technical Improvements
Private :				
Distillery	...	...	...	Chain grate stokers introduced.
Distillery	...	...	...	Oil-fired plant introduced.
Laundry	...	...	...	New boiler plant and mechanical stokers.
Laundry	...	...	...	New boiler plant, oil-fired.
Factory	...	...	...	New boiler plant, oil-fired.
Offices	...	...	...	New boiler and mechanical stokers.
Public :				
Wash House	...	...	...	Sprinkler stoker introduced.
Library	...	...	...	Underfeed stoker introduced.
Baths	...	...	...	New boiler and sprinkler stoker.

Close watch of the various chimneys in the city was regularly kept and repeated visits of inspection were made to factories and other places as required.

Throughout the year 81 observations, each of one hour's duration, were made and 402 visits were paid to boiler houses for the purpose of effecting improvements in the methods of hand-stoking with a view to minimising excessive smoke emissions.

Atmospheric Pollution.

Deposit Gauges.—The department continues to co-operate with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the city and for this purpose three deposit gauges stationed as follows show the degree of pollution in these areas :—

- (1) Seafield (Leith Hospital).
- (2) Morningside (Astley-Ainslie Institute).
- (3) Glencorse (Reservoir).

In Appendix 5 the City Analyst's reports give the respective monthly records of the total solids deposited in tons per square mile, the sub-division thereof into soluble and insoluble solids, together with the rainfall in inches.

Lead Peroxide Instruments.—In addition to the deposit gauges, lead peroxide instruments are installed for the purpose of measuring the sulphur content of the atmosphere at the following sites :—

- 1 at Seafield.
- 1 at Astley-Ainslie Institute.
- 1 at Robb's Loan, Gorgie.

In Appendix 5A the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of SO_3 per day per 100 square centimetres.

Educational Measures.

Lectures on the domestic and industrial aspects of the smoke problem were given by the Smoke Abatement Inspector to various interested associations. Evening Classes were again held in the Heriot-Watt College and were well attended by boiler firemen and engineers. The subject matter covered by the Syllabus included instruction in the principles of combustion and the proper methods of stoking in order to reduce to a minimum the smoke emission from industrial chimneys.

The Edinburgh Smokeless Zone.

The Secretary of State, in exercise of the powers conferred on him by sub-section (3) of section 24 of the Edinburgh Corporation Order, 1950, confirmed

The Edinburgh Smokeless Zone Order (No. 1), 1955, the text of which is as follows :—

The Corporation of the City of Edinburgh in exercise of the powers conferred upon them by subsection (1) of section 24 of the Edinburgh Corporation Order, 1950, confirmed by the Edinburgh Corporation Order Confirmation Act, 1950, and of all other powers enabling them in that behalf, hereby make the following Order :—

1. No person shall emit or allow the emission of smoke from any premises occupied by him within the area of the City of Edinburgh described in the Schedule to this Order.
2. The lessee or tenant of any premises within the said area who has to incur expense in executing works or providing altering or adapting any fixtures fittings or appliances for the purpose of complying with this Order, and the owner of any such premises may enter into and carry out agreements making such variations of the terms of the lease or tenancy of the premises as may be reasonable having regard to the expense to be incurred and to other relevant circumstances.
3. In the event of any lessee or tenant of any premises within the said area being unable to make an agreement with the owner thereof under article 2 of this Order he may apply to the Sheriff for an order making such variations of the terms of the lease or tenancy of the premises as may be reasonable having regard to the expense to be incurred and to other relevant circumstances, and the Sheriff may make such an Order.
4. This Order shall come into operation on the first day of January 1957.
5. (1) The Interpretation Act, 1889, applies to the interpretation of this Order as it applies to the interpretation of an Act of Parliament.
(2) For the purpose of this Order "smoke" includes soot ash grit and gritty particles.
6. This Order may be cited as the Edinburgh Smokeless Zone Order (No. 1), 1955.

Dated this first day of December 1955.

L. S.

JOHN G. BANKS, Lord Provost.
J. STORRAR, *Town Clerk*.

SCHEDULE.

The area extending to approximately 250 acres delineated and coloured red on a map prepared in duplicate and signed with reference to this Order, of which one copy is deposited at the office of the Town Clerk of Edinburgh and one copy is deposited at the office of the Secretary of State for Scotland, St Andrew's House, Edinburgh, and which area is bounded on the south by Calder Road, on the west

by the boundary line of the City of Edinburgh, on the north by the Glasgow and Edinburgh railway line and on the east by Broomhouse Road.

The Secretary of State, in exercise of the powers conferred on him by sub-section (3) of section 24 of the Edinburgh Corporation Order, 1950, and of all other powers enabling him in that behalf, hereby confirms the foregoing The Edinburgh Smokeless Zone Order (No. 1), 1955, subject to the following modification :—

In Article 4 for the word “ January ” there shall be substituted the word “ March.”

Given under the Seal of the Secretary of State for Scotland this 20th day of August 1956.

L. S.

(Sgd.) I. M. ROBERTSON, *Assistant Secretary*.

Department of Health for Scotland,
St Andrew's House,
Edinburgh, 1.

PET ANIMALS ACT, 1951.

Under this Act no person is permitted to keep a pet shop unless he is licensed by the local authority for that purpose. The licences are renewed annually on 1st January of each year.

In determining whether to grant a licence, the local authority have regard to the need for securing :—

- (a) that the animals will at all times be kept in accommodation suitable as respects size, temperature, lighting, ventilation and cleanliness ;
- (b) that animals will be adequately supplied with suitable food and drink and (so far as necessary) visited at suitable intervals ;
- (c) that animals, being mammals, will not be sold at too early an age ;
- (d) that all reasonable precautions will be taken to prevent the spread of infectious diseases ;
- (e) that appropriate steps will be taken in the case of fire or other emergency.

Applications were received from the occupiers of 27 shops in the city. The premises generally were found to be kept in a satisfactory manner, although in 2 instances the attention of the occupiers had to be directed to minor defects or lack of a proper standard of cleanliness. These were attended to and licences were issued to all the applicants.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952.

This is an Act to prohibit the sale or letting of certain heating appliances without an effective fireguard and under the Heating Appliances (Fireguards) (Scotland) Regulations, 1953, it is necessary for fireguards to be fitted to gas fires, electric fires, and oil heaters which are so designed that they are suitable for use in residential premises and are of such a type that, without a guard, there is a likelihood of injury by burning.

The schedule to the Regulations states that a guard shall be so constructed and fitted that when it is subjected to the tests specified therein, it satisfies the following requirements :—

Probe Test.

1. (a) That when the special test probes are used on the heating appliance to which a guard is fitted, there is no manner in which the probe can, without applying undue pressure, be inserted through or round the guard so as to touch, in the case of a gas fire or oil heater, any heating element or any flame when the fire is burning, and in the case of an electric fire any heating element.

Fabric Burning Test.

- (b) That when the heating appliance has been burning for not less than 30 minutes and not more than 60 minutes there is placed on the guard approximately in the middle thereof and in such a manner as to reach from the top to the bottom of the guard a piece of dry flannelette 4" wide, the flannelette does not smoulder or ignite within 10 seconds after being so placed.

Strength of Guard.

2. The guard shall be so constructed and fitted that when the appliance is placed in a horizontal position it shall bear a load consisting of a flat disc 4" in diameter and 5 lbs. in weight on the guard midway between the fixing points and retained there for one minute without distortion. At the end of that period the weight shall be removed and the heating appliance shall then be capable of satisfying the probe test and the flannel test.

During the year several city firms retailing heating appliances were visited to ascertain whether the guards attached to the fires complied with the Act.

The approved tests were carried out on 89 fires and several failed to comply with the standards prescribed in the Regulations. The firms were notified by letter that certain of their fires had failed to pass the tests and were advised to withdraw them from their show-rooms. When the offence was brought to their notice these firms were pleased to co-operate promptly and so avoid the risk of another tragic burning accident.

FACTORIES ACTS, 1937-1948.

The number of inspections of factories with mechanical power was 1,290 and of factories without power 127, a total of 1,417.

Improvements under Part 1—Health (General Provisions) of the 1937 Act numbered 314, which included 44 in bakehouses.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, which is prepared at the request of the Ministry of Labour and National Service, was completed and sent to the department as required by the Factories Act, 1937, and a copy is shown in Appendix 6.

Detailed statements of improvements effected in factories are also shown in Appendix 7.

In addition to the improvements mentioned above, many adjustments were made to plans submitted to the Dean of Guild Court.

BAKEHOUSES.

These continue to be regularly and frequently inspected with a view to maintaining a satisfactory standard of cleanliness and ascertaining whether the statutory requirements as to lime-washing, painting, etc., are being carried out.

SHOPS ACT, 1950.

Shops inspections carried out to ascertain if the provisions of the Act were being observed totalled 1,501.

Contraventions.

Compliance with the Act and Local Orders were secured in several instances after warning letters were sent. On two occasions failure to observe a weekly half-holiday and the sale of goods after the general closing hour necessitated Court action.

Christmas and New Year Periods.

The Secretary of State did not exercise his powers under Section 43(1) of the Act to suspend the general closing hours and closing orders during these periods. The local authority, however, in exercise of their powers under Section 43(2) granted suspension throughout the city for all shops, with the exception of licensed premises, to remain open on Christmas and New Year's Eve until midnight.

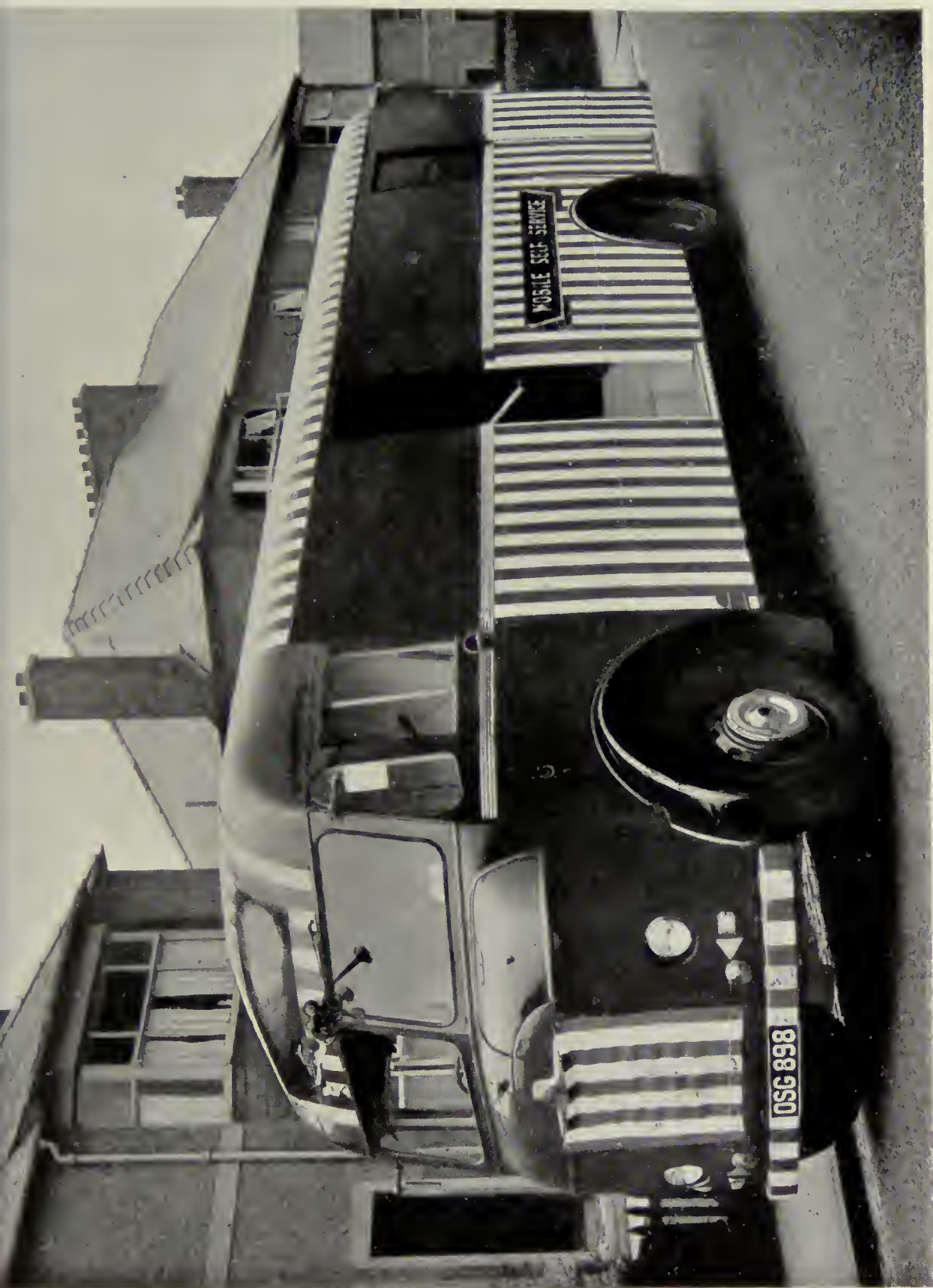
Arrangements for Health and Comfort.

Appendix 8 gives an indication of the work carried out in meeting the requirements of the health and comfort provisions of the Act. Many improvements in regard to sanitary accommodation, washing facilities and miscellaneous improvements have been effected.

Plans in connection with shops which come before the Dean of Guild Court are examined and where necessary the attention of Petitioners is called to the requirements of the Shops Act. The adjustment of these plans leads to many improvements.

FOOD PREMISES.

Section 13 of the Food and Drugs (Scotland) Act, 1956, empowers the Secretary of State to make Regulations for securing the observance of sanitary



MOBILE VAN
—EXTERIOR



MOBILE VAN
—INTERIOR

and cleanly conditions and hygienic practices in connection with the sale of food for human consumption, and for imposing requirements as to the construction and equipment of premises.

Although the Act came into operation on 1st August last, Section 13 has not yet been implemented, but draft Regulations and Codes of Practice are at present under consideration. When issued they should make a great advance upon our standards of food sanitation.

Meantime visits of inspection show that progress continues to be made in the hygienic production, handling, storage and sale of food.

Photographs of the interior and exterior of a modern mobile self-service van accompany this report.

SALE OF FOOD AND DRUGS ACTS, ETC.

During the year 1,537 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims made on the labels. Of these 364 were statutory or official samples and 1,173 were informal or test samples. Of the 364 statutory samples, which represented 58 different articles of food and drugs, Dr A. Scott Dodd, City Analyst, reported 14 or 3·85 per cent. as failing to comply with the legal requirements.

Milk.—As is customary there were more samples of milk taken than of any other food. Of the total number of statutory or official samples 143 were of milk, 140 being reported genuine and 3 adulterated by the addition of water. The extraneous water found in the adulterated samples of milk varied from 2 to 6 per cent. The average fat and non-fatty solids content of all milk samples taken, including the adulterated samples, was 3·66 per cent. and 8·71 per cent. respectively, much in excess of the presumptive standards of 3 per cent. and 8·50 per cent.

Court proceedings were taken against 3 producers, each of whom pleaded guilty and fines totalling £45 were imposed. An employee was blamed in one case for the presence of added water in the milk, while in the other two cases the producers suggested that the poorness of the milk was due to the poor quality of the food given to the cows. In one of the latter cases the sample was taken from a consignment of 85 gallons in course of delivery to a city creamery, and was certified to contain 3·11 per cent. milk fat and 7·94 per cent. non-fatty solids, an addition of at least 6 per cent. of added water. The freezing point (Hortvet) of the sample was $-0\cdot496^{\circ}$ C. as against $-0\cdot53^{\circ}$ C. for genuine milk. At the request of the producer the farm was visited by the Sampling Officer for the County of Kinross and the evening milking of the herd supervised. The sample taken at the conclusion of the milking contained 4·02 per cent. fat and 8·90 per cent. non-fatty solids and had a freezing point (Hortvet) of $-0\cdot544^{\circ}$ C. This was a good quality milk and ample proof that the cows were not at fault. It was the producer's second offence in two years.

In the other case the sample was taken from a consignment of 60 gallons in course of delivery and was found to contain 3·90 per cent. fat and 8·32 per cent.

of non-fatty solids. The non-fatty solids showed that the milk contained at least 2 per cent. of added water and this was confirmed by the freezing point test. At the request of this department the farm was visited by the Sampling Officer for the County of Lanark and the milking of the herd supervised at the evening and morning milkings. Samples from both milkings proved to be genuine milk. The sample taken from 20 gallons produced at the evening milking contained 4.23 per cent. of fat and 8.79 per cent. of non-fatty solids and had a freezing point (Hortvet) of -0.539°C . while the sample taken after the morning milking from 23 gallons produced by the same cows contained 3.72 per cent. fat and 8.91 per cent. of non-fatty solids and had a freezing point (Hortvet) of -0.540°C . Here again the cows could not be blamed for the poor quality milk delivered in the city.

Channel Islands Milk.—Milk produced from cows of the Jersey, Guernsey, Channel Islands and South Devon Breeds may be sold at a price exceeding the maximum price for other milks, provided a butter-fat content of 4 per cent. is maintained. Licences authorising dealers to sell this particular class of milk are issued under the Milk (Great Britain) Orders by the Secretary of State for Scotland. To ensure that the Channel Islands "Certified" Milk sold in the city complied with the 4 per cent. butter-fat standard, 38 test samples were obtained and submitted for chemical analysis. With the exception of 2 samples all met the requirements of the Order. The fat content of the samples ranged from 3.88 to 6.15 per cent., giving an average of 4.79 per cent.

School Milk.—The milk supplied to the city schools under the Milk-in-Schools Scheme is of the following grades :—"Tuberculin Tested (Pasteurised)" or "Pasteurised." Of 35 samples taken, either at the schools or at the distributors' premises, the average milk fat content was 3.54 per cent.

Ice-cream.—The number of premises registered under the Ice-cream (Scotland) Regulations, 1948, at 31st December, 1956, for the manufacture, storage or sale of ice-cream was 227, and the number of vehicles registered for the sale of the commodity was 144. This was an increase of 8 and 13 respectively over last year. The premises were regularly inspected and the methods of manufacture and handling observed. In general the standard of cleanliness was found to be good. Stances and vehicles were also kept under supervision.

There were 107 samples of ice-cream purchased from various manufacturers and vendors in the city and submitted to Dr A. Scott Dodd, City Analyst, for chemical analysis. In addition 103 samples were sent to the Professor of Bacteriology at Edinburgh University for examination. The results were as follows :—

(a) *Chemical Analysis.*—Of the 107 samples of ice-cream submitted for chemical analysis 99 samples were obtained informally and 8 formally. Of the latter, 5, of which 4 were border-line samples, were found not to comply with the requirements of the Food Standards (Ice Cream) Order, 1953. Court

proceedings were justified against one manufacturer for selling ice-cream deficient in fat content. The accused pleaded guilty and a fine of £5 was imposed. The explanation given by the accused for selling ice-cream with only 0·7 per cent. fat instead of not less than 5 per cent. was a novel one. The Court was told that by mistake an assistant had sold ice-cream which was specially ordered by the members of a Women's Slimming Club and was not meant for sale over the counter to the general public. It was claimed that the ice-cream was for slimming diets and contained as little fat as possible. The official sample, however, was taken as a result of a previous test sample having been found on analysis to contain only 1·5 per cent. fat. The Sheriff in fining the accused said that although the offence was a flagrant breach of the regulations he would make some allowance for the explanation. The samples submitted for chemical analysis, including the sub-standard samples, gave the following average composition: fat 9·16 per cent., sugar 15·3 per cent. and milk solids other than fat 9·66 per cent. These figures are considerably above the minimum legal requirements of 5, 10 and 7·5 per cent. respectively.

(b) *Bacteriological Examination*.—Although the need has often been stressed, no bacteriological standard has as yet been prescribed as an index of the hygienic quality of ice-cream. Ice-cream, however, with no more than 100,000 bacteria per c.c. and with no *B. Coli* present is tentatively accepted as being satisfactory. Of the 103 samples submitted 7 had a plate count of more than 100,000 bacteria per c.c., 17 had coliform organisms present in 1/100th of a c.c. and 7 had a plate count of more than 100,000 organisms per c.c. with coliform organisms present. In these cases a special visit was made to the premises where the samples were obtained and, following a plant inspection, advice was given on improved methods of manufacture. The most frequent cause of unsatisfactory samples was inadequate cleansing of small parts of the plant, such as the outlet tap, and inefficient sterilisation. Before the fault was traced in one case it was necessary to take samples of the product at various stages of its manufacture. Subsequent samples were found to be satisfactory.

Ice Lollies.—There is no statutory definition or standard for the composition of ice lollies. Where, however, the lollies are pre-packed, as a fairly large percentage of them are, the Labelling of Food Order requires that a statement specifying the ingredients must be given on the wrapper. These lists have included the following ingredients:—sugar, glucose, citric acid, tartaric acid, sodium alginate, milk powder, saccharin, fruit juice, gelatine, orange oil, flavouring and colouring.

Eighteen samples of ice lollies were purchased from various manufacturers and vendors and examined for metallic contamination. Dr A. Scott Dodd reported 13 of the samples free from metallic contamination and the remaining 5 as being contaminated with insignificant amounts of copper. The factor responsible for the metallic content was probably worn and scratched moulds. Retinning or renewal of moulds was called for.

Mince.—Twenty-nine samples of mince were purchased from various butchers' shops and 7 of these were reported as not conforming to the Public

Health (Preservatives, etc., in Food) Regulations (Scotland). Legal action was taken against three of the offenders, each of whom pleaded guilty and fines totalling £15 were imposed.

Sausages.—Forty-three samples of sausages of various descriptions were procured for chemical analysis. The City Analyst reported that, with the exception of 2 of these samples, the amount of preservative was within the limits sanctioned by the Regulations and that 27 of the samples were found to be entirely free from preservatives. One butcher was prosecuted for selling beef sausages containing an excessive amount of sulphur dioxide and was fined a sum of £5.

The Order controlling the price and meat content of sausages was revoked by the Minister of Food as from 1st March, 1953. Prior to that date the minimum standards were 65 per cent. for pork sausages and 50 per cent. for beef sausages. To ascertain if the sausage manufacturers were maintaining the former standards 17 samples (4 of pork, 12 of beef and 1 of chicken) were examined for meat content with the following results :—

PORK		BEEF		CHICKEN	
<i>Meat content per cent.</i>	<i>Price per lb.</i>	<i>Meat content per cent.</i>	<i>Price per lb.</i>	<i>Meat content per cent.</i>	<i>Price per lb.</i>
58	2/2	44	2/-	67	4/-
47	3/-	57	2/6		
72	2/6	66	2/5		
43	2/4	61	2/-		
		59	2/2		
		54	2/-		
		48	2/-		
		48	2/-		
		54	2/4		
		79	2/-		
		49	2/-		
		70	2/-		

While the samples of beef sausages, with one exception, were considered satisfactory, three samples of pork sausages contained less meat than the minimum required before control was removed.

A report by the Food Standards Committee on sausages was published during the year. It recommended prescribing standards again for sausages. The standards proposed are a minimum meat content of 65 per cent. for sausages made wholly or mainly with pork and of 50 per cent. for other meat sausages, the meat content to be restricted to prescribed meats, and the proportion of fat not to exceed 50 per cent. of the total meat content.

Meat Pies.—There being no control over the composition of meat pies, this commodity was sampled with special reference to the meat content. Fifteen small pies ranging in price from 4½d. to 10d. each were purchased from various

suppliers and submitted for examination. The City Analyst reported that the actual meat content of the individual fillings was found to be 65, 27, 55, 40, 52, 79, 53, 39, 71, 60, 47, 87, 99, 99 and 64 per cent. and the meat content of the filling in relation to the pie as a whole was 55, 53, 46, 46, 45, 45, 38, 38, 34, 34, 32, 31, 29, 28 and 17 per cent. respectively. With a meat content of at least 25 per cent. being accepted as desirable and anything below 20 per cent. as indicative of a poor articles the result are considered to be satisfactory.

During the year the Food Standards Committee was asked by the Minister of Agriculture, Fisheries and Food to consider the need for control over the composition of meat pies, and report. The Committee's investigation will be fairly wide and include, in addition to the desirability of some statutory control over the composition of meat pies, the way in which such control could be exercised. The appropriate minimum standards to be fixed for the meat content will be considered as well as the composition of the pie crust, and the type of meat and other ingredients of the pie filling. To assist them in their deliberations the Committee obtained the views of local authority and trade associations.

Oranges.—Twenty-three oranges purchased of Spanish, Israeli, Cyprian, South African, Brazilian and Italian origin, were analysed in order to detect the possible use of thiourea, which, when sprayed on the skins to suppress mould and rot, may penetrate into the juice. The sale of citrus fruit containing this chemical would be an infringement of the Public Health (Preservatives, etc., in Food) Regulations (Scotland). It was reported, however, that no orange had been so treated.

The Fertilisers and Feeding Stuffs Act, 1926.—Inspections were made of premises throughout the city where fertilisers and feeding stuffs are prepared for sale and consignment and 6 samples of feeding stuffs and 2 samples of fertilisers were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These samples were all of satisfactory composition.

The Merchandise Marks Act, 1926.—Inspections were made of business premises in the city in connection with the marking of certain imported food-stuffs which under the above Act and relevant Orders must on exposure for sale bear an indication of the place of origin. Raw tomatoes, fresh apples and meat were the foods most commonly involved where incorrect marking or non-marking was found and warnings had to be given to a number of traders. The contraventions could be attributed to carelessness and in each case a subsequent visit proved that the reprimand had been sufficient to prevent a repetition of the offence.

The Rag Flock and Other Filling Materials Act, 1951.—At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 14. Eleven samples of various kinds of specified filling materials were taken from registered premises in the city and submitted for testing to the City Analyst. The respective samples of washed flock, curled

hair, coir fibre and woollen mixture felt were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations, 1951. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941.—The number of applications received from persons and firms desirous of being registered by the local authority for the sale of poisons included in Part II of the Poisons List was 323. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Acts were fulfilled. Warnings were given to 4 shopkeepers for selling Part II poisons without being on the local authority's list of persons entitled to sell such articles ; of these 2 were ultimately registered for the sale of Part II poisons but the others decided not to sell these goods and discontinued the sale forthwith.

Milk Supervision.—The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act, 1914, was 635 at 31st December, 1956. These premises hold licences under the Milk (Special Designations) (Scotland) Order, 1951, for the sale of the various grades of milk, viz. " Certified," " Tuberculin Tested," " Tuberculin Tested (Pasteurised)," " Pasteurised " and " Sterilised."

During the year 485 samples of the various grades of milk were submitted for examination to the Bacteriology Department of the University to determine the cleanliness of the milk and, where the samples were of heat-treated milk, tests were applied to determine the efficiency of the heat treatment. The results of the various tests are to be found in Appendices 10 and 11.

Five firms hold licences to pasteurise milk and one has, in addition, a licence to sterilise milk. The efficiency of these plants in heat-treating the milk is shown in the very satisfactory results obtained on samples of the processed milk ; only 1 sample failed the prescribed test. The dairy equipment and ancillary items were found on regular inspection to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

The results of bacteriological examination of samples of " Certified " and " Tuberculin Tested " milk taken at creameries and shops show a distinct improvement in the " Tuberculin Tested " milk but the samples of " Certified " milk gave less satisfactory results. In most cases the failures were due to *Bacterium Coli*. Notice of the unsatisfactory results obtained in each case were sent to the Medical Officer of Health or Sanitary Inspector for the respective areas and also to the distributing depot or shop in the city. Repeat samples were taken later and the results showed that an improvement had been effected.

During the year 30 complaints of foreign material in the milk and of dirty milk bottles were received from the public. These were investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint.

PORT SANITARY INSPECTION.

Shipping Arrivals.

Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 1,118, representing 882,433 tons, while vessels which arrived from home ports numbered 1,418, representing 668,985 tons. Foreign fishing vessels numbered 33 representing 4,480 tons, while British fishing vessels numbered 1,455 representing 147,843 tons. The total number of ships, including steamers, motor, sailing and fishing vessels was 4,024 with a total tonnage of 1,702,741 tons.

Sanitation.

Under the Public Health (Scotland) Act, 1897, it is the duty of the local authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions on board ships lying within this district. In giving effect to this requirement, the boarding, inspection and revisits of vessels totalled 1,589 and the insanitary conditions dealt with were 737 necessitating 425 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of the floors, bunks and bedding, internal partitions and ceilings of crews' quarters and the offensive state of the latrines and other sanitary fittings were of the most frequent occurrence. The cleanliness of the bilges, drinking water tanks and the removal of garbage also called for careful supervision. The presence of bed-bugs in the crews' quarters was eradicated by efficient fumigation and the cockroach invasion of galleys, stores and living quarters was dealt with by similar measures or the use of insecticides.

A detailed statement of the insanitary conditions is appended to this report.

Water.

The water supplied to the ships is identical to that of the city and is delivered by hydrants situated at the dock-side. The drinking water on board ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

Rat Destruction.

The total number of certificates granted during the year to masters of vessels was 111 of which 104 were exemption certificates. The total fees collected for these certificates was £285, 3s. In 6 cases it was necessary to request fumigation measures to be undertaken for the destruction of rats. A Deratting Certificate was issued to the S.S. "Trelawny" after the vessel had been satisfactorily treated with Sodium Fluoroacetate (1080). The total number of rats killed on board ships in port and on quays and wharves was 405.

Under the Prevention of Damage by Pests (Application to Shipping) Order, 16 Rodent Control Certificates were issued. In one case it was necessary to request fumigation measures to be undertaken for the destruction of rats and mice aboard. The fees collected for these certificates totalled £9.

Rat destruction methods were undertaken in the dock area by the Dock Commission staff, and during the year 20,000 rodine baits were laid in addition to continuous "Warfarin" baiting and trapping.

Cleansing.

The Dock Commission continued to maintain a very high standard of cleanliness, the roads, wharves, sheds and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the Port Sanitary section much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commissioners, the Granton Harbour Official, the Board of Trade and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

Appendices contain a detailed statement of the Port Sanitary work.

PROSECUTIONS.

It was found necessary to institute legal proceedings in 34 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £78. Details of these prosecutions are given in Appendix 14.

STAFF.

I desire to express my cordial appreciation of the enthusiastic services rendered by all the members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

JAMES F. ANDERSON, F.R.San.I., M.R.S.A. (Scot.),
Chief Sanitary Inspector.

APPENDIX 1.

NATURE OF NUISANCE	WARDS																							TOTALS	
	St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar		23
Water-Closets :—																									
Water-closets introduced ...	5	4	—	—	—	—	—	1	1	3	—	—	—	—	2	2	1	2	—	—	—	—	1	—	—
New apparatus substituted ...	6	10	1	—	—	—	—	—	2	1	—	—	—	2	4	—	3	—	1	—	—	—	—	—	—
Water-closets improved or repaired	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Water-closets and sinks in a filthy condition and cleansed ...	1	4	—	—	—	—	—	—	1	—	—	—	—	1	4	—	1	1	2	—	—	—	1	—	—
Choked water-closets cleared	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sinks, Tubs and Wash-hand Basins :—																									
Sinks introduced ...	1	1	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Insanitary sinks abolished ...	3	1	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Earthenware sinks and tubs introduced	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Repairs (woodwork, etc.) ...	8	8	1	1	—	1	2	—	1	7	—	—	—	1	4	1	3	6	—	—	—	1	2	—	—
Choked sinks, wash-tubs, etc., cleared	5	5	—	—	—	—	—	—	—	2	—	—	—	2	1	2	—	—	1	—	—	—	—	—	—
Wash-hand basins renewed or introduced	1	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drains :—																									
Choked drains cleared	8	10	5	5	2	3	—	3	1	10	—	4	6	8	18	5	7	11	14	4	—	—	4	1	129
Choked surface traps cleared	1	2	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	1	1	—	—	—	—	8
Drains repaired or renewed	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Soil pipes repaired or renewed	5	5	2	1	—	—	—	—	—	5	—	1	—	—	3	3	1	2	—	2	2	1	—	—	29
Sinks, etc., waste pipes repaired or renewed	8	9	1	1	—	—	1	—	—	5	—	—	—	4	8	4	3	2	3	3	—	—	—	—	52
Rain water conductors repaired or renewed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	7
Water Supply :—																									
Cisterns found dirty	10	9	2	3	—	4	—	—	2	8	—	—	—	3	20	5	5	19	2	13	33	11	27	176	
Cisterns found without covers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cisterns repaired or renewed	8	17	4	—	—	1	—	—	2	1	—	2	—	2	6	1	9	2	5	3	—	4	2	21	
Water pipes repaired or renewed	1	10	1	4	—	1	—	—	—	3	1	1	—	2	7	—	—	6	6	2	—	—	—	—	54
Houses temporarily without water supply due to burst pipes, etc. ...	5	8	2	—	—	—	—	—	—	—	2	—	—	2	5	—	3	6	1	—	—	2	—	—	36
Repairs to Houses :—																									
Floors, hearths, doors, walls, etc., repaired	15	13	8	1	1	3	—	2	—	9	—	—	5	4	15	3	7	11	7	5	1	1	1	—	111
Windows and skylights repaired	19	16	2	2	1	2	—	—	1	12	—	—	2	7	12	2	8	5	2	1	1	—	—	—	99
Coal bunkers repaired or provided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grates or ranges repaired or substituted	6	4	—	1	—	—	—	3	—	3	1	—	—	2	6	2	1	3	1	—	1	1	—	—	6
Wall and ceiling plaster repaired	11	20	6	2	—	2	1	2	1	18	—	1	4	4	18	7	12	9	11	—	1	3	—	—	133
Boiler of kitchen range renewed	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	4

APPENDIX 1.—continued.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1956—continued.

WARDS																							
NATURE OF NUISANCE																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	TOTALS
St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	
Nuisances in Houses Abated:—	Floors and bedding of houses in a dirty condition	Bad smells in houses and shops due to escapes of gas, dead vermin, etc. ...	Smoke in houses due to foul or defective vents	Dampness in houses	Overcrowded families removed to Corporation houses	Houses and shops flooded from defects in flat above	Animals or birds kept in or in close proximity to dwellings	Houses distempered, papered or painted by tenants	Stairs, Passages, etc. :—	Staircases painted	Stairs and passages in a dirty condition and cleansed by tenants	General:—	Premises infested by rats and mice	Premises infested by bugs, fleas, beetles, etc.	Areas, back greens, roofs, cellars and vacant houses cleansed	Accumulations of manure near dwellings removed	Tenants casting garbage over windows	Noise nuisances abated	Miscellaneous nuisances removed				
3	2	2	—	1	—	—	1	1	2	—	1	1	2	15	4	2	2	4	4	—	2	—	49
19	6	7	9	2	8	—	2	3	5	9	5	2	15	33	11	4	8	21	8	—	9	—	186
10	3	—	4	—	2	4	3	2	10	3	1	—	2	11	5	4	5	13	3	2	7	—	91
5	8	10	2	—	3	—	2	3	13	—	2	1	15	13	3	6	15	12	2	3	8	2	131
128	147	46	23	17	7	14	8	45	76	16	10	72	33	76	33	47	80	114	27	33	58	57	1,167
3	2	1	1	—	—	—	—	—	—	—	—	—	1	7	1	—	4	2	—	—	1	—	23
10	7	6	4	—	6	2	—	2	4	3	2	3	8	9	3	4	6	10	2	2	3	1	97
—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	2
72	67	44	18	—	38	23	3	8	75	26	9	54	91	55	37	25	38	74	36	66	101	90	1,050
44	21	21	14	—	15	1	4	7	20	3	10	58	2	58	14	14	26	36	15	3	13	7	426
16	24	20	11	31	15	15	36	20	9	21	26	8	29	42	23	22	34	39	26	13	22	15	517
45	27	5	4	9	2	5	7	9	17	4	5	13	13	35	1	23	11	18	11	5	7	9	283
266	262	131	5	5	7	2	5	1	174	4	1	3	87	451	166	171	445	1708	271	48	5	3230	7,558
—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2	1	6	2	—	—	—	30
5	1	2	—	—	8	—	—	—	1	—	—	—	4	6	1	1	6	3	3	1	—	—	45
2	1	3	2	—	3	—	1	—	4	3	—	1	8	53	31	29	37	36	25	14	—	3	507
46	34	13	24	7	26	2	14	7	32	8	6	8	24	53	31	29	37	36	25	14	—	3	507
801	768	347	142	76	162	75	97	120	542	104	87	242	390	1003	376	422	808	2245	472	229	301	3444	13,252
TOTALS																							

Nuisances in Houses Abated:—

Floors and bedding of houses in a dirty condition ...
 Bad smells in houses and shops due to escapes of gas, dead vermin, etc. ...
 Smoke in houses due to foul or defective vents ...
 Dampness in houses ...
 Overcrowded families removed to Corporation houses ...
 Houses and shops flooded from defects in flat above ...
 Animals or birds kept in or in close proximity to dwellings ...
 Houses distempered, papered or painted by tenants ...

Stairs, Passages, etc.:—
 Staircases painted ...
 Stairs and passages in a dirty condition and cleansed by tenants ...

General:—
 Premises infested by rats and mice ...
 Premises infested by bugs, fleas, beetles, etc. ...
 Areas, back greens, roofs, cellars and vacant houses cleansed ...
 Accumulations of manure near dwellings removed ...
 Tenants casting garbage over windows ...
 Noise nuisances abated ...
 Miscellaneous nuisances removed ...

TOTALS ...

APPENDIX 2.

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT.

Number of visits to :—

[illegible]

APPENDIX 3.

NOTICES.

Intimations of existence of nuisance served	426
Intimations served in connection with the renewal of sinks and water-closets ...	18
Notices to remove nuisances served at the instance of the Local Authority ...	124
Notices served in connection with the renewal of sinks and water-closets ...	7
Notices delivered cautioning persons against casting garbage over windows ...	847
Notices served on occupiers failing to take due rotation of stair-washing and sweeping	136
Notices served for the cleaning of dirty areas, cellars, etc.	97
Notices served in connection with the painting of common staircases	4,765
Notices served in connection with the cleansing of water cisterns	170
Total	<u>6,590</u>

SUMMARY.

Complaints by citizens	2,322
Complaints by other departments	62
Nuisances discovered and reported by District Inspectors	10,868
Total nuisances dealt with by Department	<u>13,252</u>

APPENDIX 4.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
EDINBURGH			
1	75 Grassmarket	374	—
1	3 Guthrie Street	332	—
1	1 Pleasance	144	—
1	85 West Port	78	—
1	17 James Court	—	34
1	3 Merchant Street	—	78
1	5 and 7 Vennel	—	119
LEITH			
19	5 Parliament Street	180	—
19	57 Tolbooth Wynd	128	—
Totals		1,236	226

FARMED-OUT HOUSES.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	18 Blackfriars Street	15	46
	Totals	15	46

HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	1 and 3 Blair Street	1	114
1	72 Grove Street	1	164
3	31 Clerk Street	1	16
	Totals	3	294

APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS
1956.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Seafield	0.83	0.41	3.76	4.17
	2. Glencorse	1.77	1.23	2.40	3.63
	3. Astley Ainslie Institute ...	1.50	4.94	3.36	8.30
February	1. Seafield	0.55	0.61	3.35	3.96
	2. Glencorse	1.97	1.64	4.41	6.05
	3. Astley Ainslie Institute ...	1.93	5.71	4.98	10.69
March ...	1. Seafield	0.59	0.54	4.67	5.21
	2. Glencorse	1.30	1.30	2.26	3.56
	3. Astley Ainslie Institute ...	1.14	5.19	2.87	8.06
April ...	1. Seafield ... ..	...	...	...	...
	2. Glencorse	0.95	3.05	1.50	4.55
	3. Astley Ainslie Institute ...	0.63	9.48	1.59	11.07
May ...	1. Seafield	0.43	6.87	2.07	8.94
	2. Glencorse	1.34	1.61	2.84	4.45
	3. Astley Ainslie Institute ...	0.63	14.25	2.84	17.09
June ...	1. Seafield	2.34	3.18	3.82	7.00
	2. Glencorse	1.42	3.28	2.77	6.05
	3. Astley Ainslie Institute ...	1.87	4.67	3.87	8.54
July ...	1. Seafield	4.29	3.42	5.25	8.67
	2. Glencorse	0.35	0.55	0.89	1.44
	3. Astley Ainslie Institute ...	4.89	12	8	20
August ...	1. Seafield	4.69	33.55	8.16	4.71
	2. Glencorse	8.00	2.22	6.71	8.93
	3. Astley Ainslie Institute ...	5.71	6.33	8.55	14.88
September	1. Seafield	2.84	6.09	3.52	9.61
	2. Glencorse	4.26	1.57	2.81	4.38
	3. Astley Ainslie Institute ...	4.29	4.50	5.85	10.35
October ...	1. Seafield	1.14	4.57	3.28	7.85
	2. Glencorse	2.09	1.06	1.61	2.67
	3. Astley Ainslie Institute ...	2.09	3.88	3.62	7.30
November	1. Seafield	0.47	0.54	1.93	2.47
	2. Glencorse	0.99	0.85	1.92	2.77
	3. Astley Ainslie Institute ...	0.71	3.29	1.52	4.91
December	1. Seafield	1.42	4.64	7.24	11.98
	2. Glencorse	3.03	0.99	5.48	6.47
	3. Astley Ainslie Institute ...	3.27	5.36	12.32	17.68

APPENDIX 5A.

MEASUREMENT OF SULPHUR CONTENT IN THE ATMOSPHERE
BY THE LEAD PEROXIDE METHOD EXPRESSED AS MILLI-
GRAMMES OF SO₃ PER DAY PER 100 SQUARE CENTIMETRES.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Seafield	1.26	1.25	0.71	0.91	1.52	0.76	0.38	0.47	0.33	0.76	1.21	0.79
Astley Ainslie Institute ...	0.90	0.11	0.71	0.54	1.37	0.36	0.23	0.51	0.30	0.63	0.78	0.49
Robb's Loan, Gorgie ...	1.52	0.74	0.56	0.57	1.57	0.59	0.60	0.49	1.00	0.88	0.80	0.78

APPENDIX 6.

FACTORIES ACTS, 1937 and 1948.

Prescribed particulars on the administration of the Acts
(Form No. 573).

1. Inspections.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	244	127	1	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,044	1,232	25	...
(iii) Other Premises in which Section 7 is en- forced by the Local Authority (excluding out-workers' premises)	53	58	...	...
Total	2,341	1,417	26	...

2. Defects Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	85	82	...	2	...
Overcrowding (S.2) ... ..	...	...	...	...	...
Unreasonable temperature (S.3)	3	2	...	...	...
Inadequate ventilation (S.4) ...	1	1	...	...	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(a) insufficient	38	35	...	1	...
(b) unsuitable or defective ...	180	178	...	17	...
(c) not separate for sexes ...	2	2	...	1	...
Other offences (not including offences relating to homework)	25	14	9	...	...
Total	334	314	9	21	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (i.e., these residing in Edinburgh)	7
Nature of work :—	
Making wearing apparel	7

APPENDIX 7.

FACTORIES ACTS, 1937 AND 1948—STATEMENT FOR 1956.

1. INSPECTIONS MADE 1,417

2. DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS):—

Cleanliness—

Accumulations of dirt and refuse removed	5
Floors cleaned	14
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	63

Temperature—

Means provided or improvements effected... ..	1
Number of thermometers provided in workrooms	1

Ventilation—

Improvements effected in general ventilation	1
---	---

Sanitary Conveniences—

Absence of sanitary accommodation ; water-closets introduced	9
Additional water-closets introduced	13
Separate accommodation for sexes provided	2
Urinals introduced	13
New apartments constructed or reconstructed	14
W.C. or urinal removed to more sanitary situation	4
W.C. or urinal substituted	10
W.C. abolished owing to unsuitability or disuse	2
Intervening viventilated spaces provided	7
Lighting (natural) provided or improved	4
Lighting (artificial) provided	22
Ventilation provided or improved	2
Walls and ceilings found dirty and limewashed, etc.	56
Floors found dirty and cleaned	7
Appliances found dirty and cleaned	13
Choked water-closets cleared	3
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	16

282

Miscellaneous—

Sinks or washhand basins introduced or substituted	12
Appliances repaired	4
Main water supply introduced	4
Hot water supply introduced	8
Nuisances removed	1
General repairs to roofs, walls, ceilings, floors, windows, etc.	3

32

Total 314

Bakehouses (defects in Bakehouses included in above statement)—

Walls and ceilings of bakehouses limewashed, painted, varnished or washed down	13
Storerooms limewashed, painted or washed down	4
Water-closet apartments or cloakrooms painted or washed down	6
Floors of bakehouses and storerooms cleaned	4
Floors of cloakrooms and water-closet apartments cleaned	2
Windows cleaned	2
Sanitary appliances found dirty and cleaned	3
Accumulations of dirt and refuse removed	1
Bakehouse tables and utensils cleaned	2
Shelving, cupboards, racks, etc., cleaned	1
Baking machines and steam presses cleaned	2
Insect pests exterminated	1
Rats and mice infestation—nuisance abated	3

Total 44

APPENDIX 8.

SHOPS ACT, 1950—STATEMENT FOR 1956.

INSPECTIONS MADE :—

Retail Shops, Wholesale Shops and Warehouses	...	...	...	...	1,501
Number of evenings on duty to check observance of Evening Closing Orders	...	...	...	...	4
Number of Saturday afternoons on duty to check observance of Weekly Half-holiday Orders	...	...	...	...	2

CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—

Failure to observe Half-holiday Orders and Closing for Weekly Half-holiday	...	...	...	...	15
Failure to observe Evening Closing Orders or General Closing Hours	...	...	...	...	14
Restriction of night and early morning employment of young persons	...	...	...	...	2

NOTICES, ETC. :—

Failure to affix Form <i>re</i> Assistants' Half-holiday	...	...	...	...	1
Failure to affix Abstract of Act <i>re</i> hours of employment, etc.	...	...	...	...	1
Failure to keep Record of actual hours worked and intervals allowed	...	...	...	...	1
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (<i>i.e.</i> , Mixed Shops)	...	...	...	...	3
Failure to affix Notice <i>re</i> seats for female shop assistants	...	...	...	...	1

HEALTH AND COMFORT PROVISIONS :—

Ventilation—Improvements effected	...	...	...	...	...	11
Lighting—Improvements effected	...	...	...	...	...	13
Heating—Means provided or Improvements effected	...	...	...	...	...	15
Seats for female assistants provided—Number of instances	...	...	...	...	...	2
Suitable facilities provided where meals are taken in premises	...	...	...	...	...	2

WASHING FACILITIES :—

Water supply introduced	...	...	...	...	...	...	3
Main water supply provided	...	...	...	...	...	...	3
Sinks or wash-hand basins introduced	...	...	...	...	...	...	27
Earthenware sinks substituted	...	...	...	...	...	...	1
Sinks removed to more sanitary situation	...	...	...	...	...	...	2
Hot water supply provided	...	...	...	...	...	...	14
Repairs to appliances	...	...	...	...	...	...	1

SANITARY ACCOMMODATION :—

Water-closets introduced	...	...	...	...	...	...	16
New water-closet apartments constructed or re-constructed	...	...	...	...	...	...	15
Water-closets substituted (or replacements)	...	...	...	...	...	...	2
Water-closets removed to more sanitary situation	...	...	...	...	...	...	1
Separate sanitary accommodation provided for sexes	...	...	...	...	...	...	3
Intervening ventilated spaces provided	...	...	...	...	...	...	21
Lighting and/or ventilation provided or improved	...	...	...	...	...	...	17
Repairs to appliances, walls, ceilings, floors, windows, etc.	...	...	...	...	...	...	13
Dirty water-closets : cleansed or limewashed	...	...	...	...	...	...	12

Miscellaneous repairs, etc., in shops	3
---------------------------------------	-----	-----	-----	-----	-----	-----	---

CLEANLINESS :—

Dirty walls and ceilings—painted or limewashed	...	...	...	...	...	...	28
Dirty floors, etc.	...	...	...	...	...	...	18
Accumulations of refuse removed	...	...	...	...	...	...	12
Other nuisances remedied	...	...	...	...	...	...	8

INTIMATIONS, ETC :—

Intimations served under Shops Act	...	...	...	...	...	...	6
Notices served under Shops Act	...	...	...	...	...	...	1
Letters sent under Shops Act	...	...	...	...	...	...	42

PROSECUTIONS :—

(a) Convictions	...	...	...	...	...	...	1
(b) Fines imposed	...	...	...	...	...	...	£1, 0s.

APPENDIX 9.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following report was sent to the Department of Agriculture. The figures include surveys made under the Act:—

	Local Authority	Dwelling houses	Business	Agri- culture	Total
No. of Properties inspected					
(a) Notification ...	11	376	127	3	517
(b) Otherwise ...	11	—	3,079	32	3,122
Total	22	376	3,206	35	3,639
No. of Properties found infested ...	19	374	307	34	734
No. of Infestations cleared	12	342 (including 55 previous year)	221 (including 23 previous year)	2	577

Number of items of repair carried out ...	38
Electricity junction boxes treated ...	2
Sewer manholes treated ...	141
Notices served under Prevention of Damage by Pests Act, 1949	—
Total visits made ...	6,301

Complaints of Rat or Mouse Infestation.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received	16	24	20	11	31	15	15	36	20	9	21	26	8	29	42	23	22	34	39	26	13	22	15	517
*Infestations abated	14	18	21	10	24	16	16	33	17	9	18	25	10	25	41	24	16	39	39	31	14	19	15	494
Visits made ...	32	102	74	26	87	39	24	168	84	35	82	98	23	90	186	109	74	134	146	114	19	49	66	1,861

* 78 of the infestations were notified in the previous year.

Insect Infestation.—The following table shows the number of apartments treated for verminous infestation in each ward—the total number being 283.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Bugs—																								
Infestations ...	...	...	19	12	—	—	—	—	—	—	—	—	—	1	3	—	13	1	7	3	2	—	1	62
Suspected ...	...	...	—	—	—	—	—	—	—	2	—	—	—	3	1	—	5	—	3	—	—	—	1	15
Other Insects	..	...	26	15	5	4	9	2	5	7	9	15	4	5	13	9	31	1	5	10	6	8	3	206
Total ...	45	27	5	4	9	2	5	7	9	17	4	5	13	13	35	1	23	11	16	11	5	7	9	283

Various Premises and Areas Treated, 1956.

Number of premises treated for second time, 114. TOTAL, 345.

MILK TESTING SCHEME.

Certified	115
Tuberculin Tested (Bottled)	29
Tuberculin Tested (Pasteurised)	64
Tuberculin Tested (Pasteurised—School)	70
Pasteurised	165
Sterilised	32
Miscellaneous	10

485

APPENDIX 11.

SUMMARY OF RESULTS.
Tuberculin Tested (Pasteurised), Pasteurised and Sterilised Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES	
			Phosphatase Test	Coliform Test
T.T. Pasteurised	64	64	...	...
T.T. Pasteurised (School) ...	70	68	...	2
Pasteurised	165	163	1	1
Sterilised	32	32	...	...

Certified and Tuberculin Tested Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES		
			Plate Count	Coliform	Plate Count and Coliform
Certified	115	94	1	20	...
Tuberculin Tested	29	20	...	...	...

APPENDIX 12.

PORT SANITARY INSPECTION

Annual Statement—Year 1956

Ships boarded and inspected	...	...	...	...	...	974
Re-visits made	...	...	...	...	...	615
Nuisances discovered	...	...	...	...	...	737
Nuisances abated	...	...	...	...	...	716
Communications written	...	...	...	...	...	7
Notices served	...	...	...	...	...	Nil
Verbal warnings	...	...	...	...	...	425
Ships fumigated or otherwise treated for vermin by owners	...	...	...	...	...	23
Fumigation Certificates granted	...	...	...	...	...	8
De-ratting Certificates granted	...	...	...	...	...	7
De-ratting Exemption Certificates granted	...	...	...	...	...	104
Rodent Control Certificates granted	...	...	...	...	...	16
Rats exterminated	...	...	...	...	...	405
Rats submitted for bacteriological examination	...	...	...	...	...	17
Found negative	...	...	...	...	...	17
Rat destruction measures in dock area—baits laid	...	...	...	...	...	20,000
Fees collected	...	...	...	...	...	£294 3 0

Nuisances Discovered.

Accumulations of garbage, refuse, etc.	...	...	...	...	...	241
Choked and defective scuppers	...	...	...	...	...	15
Choked and defective latrines	...	...	...	...	...	19
Choked and defective sinks	...	...	...	...	...	6
Choked and defective wash-basins	...	...	...	...	...	9
Dampness in quarters	...	...	...	...	...	1
Dirty floors, tables, decks, etc.	...	...	...	...	...	161
Dirty bunks and bedding	...	...	...	...	...	97
Dirty partitions and ceilings	...	...	...	...	...	22
Dirty lockers	...	...	...	...	...	54
Dirty and offensive bilges	...	...	...	...	...	3
Dirty fresh-water tanks	...	...	...	...	...	2
Dirty galleys, food stores, pantries, etc.	...	...	...	...	...	5
Dirty wash places	...	...	...	...	...	14
Foul closets and latrines	...	...	...	...	...	23
Foul sinks	...	...	...	...	...	12
Foul baths	...	...	...	...	...	2
Foul wash-basins	...	...	...	...	...	7
Presence of rats and mice	...	...	...	...	...	8
Presence of cockroaches	...	...	...	...	...	13
Presence of bugs	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	21

737

APPENDIX 13.

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952.

Edinburgh Port Health District.

1. Amount of shipping entering the Port in 1956 :—

	Number	Tonnage
(1) Foreign	1,118	882,433
(2) Coastwise	1,418	668,985
Total	2,536	1,551,418

2. Total number of vessels subjected to measures of rat destruction in 1956.

“ A ”

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of dead Rats found Infected with Plague	
	*No. of Dead Rats recovered	No. of Rats examined bacteriologically	*No. of Rats destroyed (other than on Ships)	No. of Rats examined bacteriologically	On Ships	On Shore
9	203	17	202	Nil.	Nil.	Nil.

*Species of rats found (a) On Ships :—Black and Brown.

(b) On Shore :—Black and Brown.

“ B ”

No. of Vessels fumigated by SO ₂	No. of Dead Rats recovered	No. of Vessels fumigated by HC _n	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of De-ratting Certificates Issued	No. of De-ratting Exemption Certificates Issued
Nil.	Nil.	7	187	2	16	7	104

3. Number of vessels (included in (2) above) de-ratted before discharge of cargo :—

Nil

APPENDIX 13—continued.

“ C ”

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels infected, or suspected, or from infected ports.

Date of arrivals 1956	Whether infected, suspected, or from infected ports	Measures of Rat Destruction	No. of Rats killed	Whether a Certificate of De-ratting granted	Remarks
Nil	Nil	Nil	Nil	Nil	Nil

No plague “ infected ” or “ suspected ” vessel or vessel from infected port arrived during the year.

“ D ”

Vessels other than those dealt with in Table “ C ” subjected to measures of rat destruction.

No. of Vessels fumigated by SO ₂	No. of Rats killed	No. of Vessels fumigated by HC _n	No. of Rats killed	No. of Vessels in which poisoning etc., was employed	No. of Rats killed	No. of De-ratting Certificates issued	No. of De-ratting Exemption Certificates issued	Remarks
Nil.	Nil.	7	187	2	16	7	104	Ropes and hawsers rat guarded.

APPENDIX 14.

Reports of Prosecutions instituted by the Sanitary Department during the year ended
31st December, 1956

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
1	Preservative in Mince	Food and Drugs (Adulteration) Act, 1928, Section 2 (4) and the Public Health (Preservatives, etc., in Food) Regulations (Scotland).	Sheriff ...	£5 Fine.
2	Do.	Do.	Do.	£10 Fine.
3	Do.	Do.	Do.	£10 Fine.
4	Failure to remove nuisance caused by dis-repair of window.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Admonished—Work carried out.
5	Failure to remove nuisance caused by dis-repair of ceiling plaster.	Do.	Do.	Do.
6	Failure to remove nuisance caused by dis-repair of wood floor.	Do.	Do.	£3 Fine.
7	Failure to remove nuisance caused by defective sink.	Do.	Do.	Admonished—Work carried out.
8	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Do.
9	Failure to remove nuisance caused by dis-repair of wall and ceiling plaster.	Public Health (Scotland) Act, 1897, Section 20.	Do.	Do.
10	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Do.
11	Preservative in Steak Mince	Food and Drugs (Adulteration) Act, 1928, Section 2 (4) and the Public Health (Preservatives, etc., in Food) Regulations (Scotland).	Sheriff ...	£3 Fine.
12	Do.	Do.	Do.	£2 Fine.
13	Adulteration of "Tuberculin Tested" Milk.	Food and Drugs (Adulteration) Act, 1928, Sections 2 and 6 (2).	Do.	£10 Fine.

APPENDIX 14—continued.

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
14	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Burgh	Admonished— Work carried out.
15	Do.	Do.	Do.	Do.
16	Do.	Do.	Do.	Do.
17	Do.	Do.	Do.	Do.
18	Do.	Do.	Do.	Do.
19	Failure to comply with a notice requesting the cleansing of an Area.	Edinburgh Corporation Order, 1933, Section 116.	Do.	Do.
20	Failure to remove nuisance caused by choked sink.	Public Health (Scotland) Act, 1897, Section 20.	Do.	Do.
21	Failure to remove nuisance caused by disrepair of waste pipe and wood lining.	Do.	Do.	Do.
22	Failure to observe Weekly Half-Holiday ...	Edinburgh Fish Friers (Shops Act) Weekly Half-Holiday Order, 1946.	Sheriff	£1 Fine.
23	Deficiency in Fat in Ice Cream ...	Food Standards (Ice Cream) Order, 1953, Article 3 and Article 1 of the Food Standards (General Provisions) Order, 1944, as amended.	Do.	£5 Fine.
24	Failure to wash Common Passage ...	Bye-Laws for Cleansing of Common Stairs	Burgh	£2 Fine.
25	Failure to remove nuisance caused by disrepair of windows.	Public Health (Scotland) Act, 1897, Section 20.	Do.	Admonished— Work carried out.
26	Failure to wash Common Passage ...	Bye-Laws for Cleansing of Common Stairs	Do.	Admonished.
27	Failure to remove nuisance caused by disrepair of woodwork at sink.	Public Health (Scotland) Act, 1897, Section 20.	Do.	Admonished— Work carried out.
28	(1) Permitting overcrowding to take place in female sleeping apartment. (2) Failure to ensure that emergency exit was kept free from obstruction.	Bye-Laws as to Accommodation for Seasonal Workers Employed on Farms.	Do.	£2 Fine.

APPENDIX 14—continued.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1956—continued.

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
29	Failure to remove nuisance caused by defective common water-closet.	Edinburgh Corporation Order, 1930 ...	Burgh ...	Admonished— Work carried out. Do.
30	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Do. ...	Do.
31	Adulteration of "Tuberculin Tested" Milk.	Food and Drugs (Scotland) Act, 1956, Sections 2 and 28 (4).	Sheriff ...	£25 Fine.
32	Failure to remove nuisance caused by disrepair of ceiling plaster.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Admonished— Work carried out.
33	Sale of Goods after General Closing Hour of 8-00 p.m.	Shops Act, 1950, Section 2 (1) (b) ...	Sheriff ...	Absolute charge. Do.
34	Do.	Do.	Do. ...	Do.

APPENDIX 15.

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT, 1954.

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 31st December 1956.

I. Certificates of Disrepair issued under Section 18(1) of the 1954 Act.

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates *	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	295	75	201	19	47	43	1	3
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under Section 2(1) (c) and (d) of the Increase of Rent and Mortgage Interest (Restrictions) Act, 1920	52	28	7	17	9	9	Nil	Nil

* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

APPENDIX 15.—*continued.*

II. Certificates as to service of notice under Section 7 of the Housing (Scotland) Act, 1950, issued under Section 18(2) of the 1954 Act.

	No. of Certificates issued					No. of Applications for Revocation of Certificates				
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under the 1954 Act	Nil	Nil	Nil	Nil	Nil
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under the 1920 Act	Nil	Nil	Nil	Nil	Nil

III. Certificates of (i) repair and (ii) refusal to grant repair certificate issued under Section 20 and the Second Schedule of the 1954 Act.

No. of Applications for Certificates of Repair	Granted	Certificates of Refusal issued	Withdrawn or still under consideration	No. of Applications for Revocation of Certificate of Refusal	Granted	Refused	Withdrawn or still under consideration
4	2	2	Nil	Nil	Nil	Nil	Nil

VETERINARY SERVICES.

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year 240 visits of inspection were made to premises registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises and the methods of milk production.

At December, 1956, there were 17 registered dairy herds within the city boundary. The total number of cows in these herds was approximately 600. During the year three certificates of registration were cancelled.

Milk (Special Designations) (Scotland) Orders, 1951 and 1952.—During the year 14 producers held licences for the production of designated milk; two of these related to "Certified" milk and 12 to "Tuberculin Tested" milk. The "Certified" licences were held by Messrs N. N. Little & Sons in respect of milk produced at Braehead Mains and Cammo Home Farm, Barnton.

Bacteriological Examination of Milk.—During the year 136 routine samples of milk were examined:—

	Samples taken
Certified	19
Tuberculin Tested	97
Non-designated	20
	<hr/>
	136
	<hr/>

Certified Milk.—One sample had a bacterial count over 30,000 per ml., which is the limit laid down in the Orders for Certified milk. Three samples had *B. coli* present in 0.1 ml.

Tuberculin Tested Milk.—One sample had a bacterial count in excess of the prescribed limit of 200,000 per ml., eighteen had *B. coli* present in 0.01 ml. and two samples failed both tests.

In cases where *B. coli* was present in two consecutive samples taken at a farm the methods of washing and sterilising equipment were supervised and advice given. It was also usual to take a series of investigational samples to trace the source of contamination.

Biological Results.—During the year 25 samples were taken for biological examination for the presence of *B. tuberculosis*. One of the samples was positive—this being the first positive sample for four years. Clinical investigation of the herd was carried out by veterinary inspectors of the Ministry of Agriculture but no evidence of tuberculosis of the udder in any of the cows was discovered.

Samples from each individual cow were taken and submitted for biological examination, but the results are not yet available. A Tuberculin Test carried out on the herd proved negative. All herds in the city are attested—Edinburgh being included in the Tuberculosis (Argyll & Hebrides, Central, Forth and South-West Scotland Attested Area) Order, 1955.

Salmonella Thompson in Milk.—In August, following a report of suspected food poisoning arising from Tuberculin Tested milk produced at a dairy within the city, an investigation revealed that a cow in the herd was very ill. Bacteriological examination showed that the milk from this cow as well as her dung was infected with *Salm. thompson*. The animal was removed from the herd and her milk destroyed. The milk from the herd was pasteurised until it was proved that all the dairy workers and all the cows in the herd were free from infection. As far as I am aware this is the first recorded case of a generalised infection of *Salm. thompson* in a cow. It is hoped to publish full details of this outbreak.

Br. Abortus.—Mr G. S. Ferguson, Senior Lecturer, Department of Veterinary Hygiene, Royal (Dick) School of Veterinary Studies, has arranged with the Bacteriological Department of the University to receive serum and spleens of guinea pigs which have been used in the test for the presence of tubercle bacilli in milk and to carry out agglutination and cultural tests for the presence of *Br. abortus* in this material. During the year two samples were found to be positive. The herds were visited and individual samples taken from all the cows in the herd. In both cases a cow was found giving *Br. abortus* in her milk and the owner in each case removed the cow from his herd and disposed of it later for slaughter.

During the year one case of Undulant Fever was reported. The person affected was supplied with milk by a city dairyman. The herd was visited, individual samples taken and milk ring and cultural tests were carried out by Mr Ferguson. Only one cow in the herd was suspicious but it was not possible to culture *Brucella* organisms from her milk. The owner was informed of this finding but in view of the fact that the remainder of his herd was completely free he decided to dispose of the animal.

INSPECTION OF MEAT.

In April of 1956 Midlothian County Council closed down Dalkeith abattoir and facilities were provided at Gorgie for the butchers who formerly used this slaughterhouse. The two Dalkeith slaughtermen were licensed by the Corporation and obtained work in the abattoir. This year has been the busiest ever in the history of the slaughterhouse and the number of animals slaughtered shows an increase compared with 1955 of 2,837 cattle, 549 calves, 35,249 sheep and 2,943 pigs.

The lairage accommodation particularly for sheep was considered inadequate and a new lairage which it is hoped will accommodate a thousand sheep has been constructed and will be in use early in 1957.

Abattoir.—Supervision has been maintained in accordance with the usual practice at Gorgie abattoir.

The number of animals passing through the abattoir during 1956 is shown in the following table :—

Oxen	...	...	...	...	...	33,020
Bulls	...	...	...	...	...	247
Cows	...	...	...	...	...	3,582
Heifers	...	...	...	...	...	854
						37,703
Calves	...	...	...	...	...	5,723
Sheep	...	...	...	...	...	186,339
Swine	...	...	...	...	...	40,685
						270,450

Carcases and Offal Condemed in Abattoir.—Carcases partially or wholly condemned in the city abattoir weighed 86·89 tons. To this there falls to be added 116·81 tons (weight estimated) of condemned offal, making a total of 203·7 tons. Comparison between the weight of meat seized on account of tuberculosis with other non-tuberculous diseases shows that tuberculosis was responsible for 61·82 per cent. of all beef seized and destroyed and 3·43 per cent. of pork.

Number and weight of carcases in different classes of animals condemned at abattoir during 1956:—

Class of Animals	Totally Condemed		Partially Condemed		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	41	26,071	709	43,963	70,034
Bulls ...	—	—	15	1,419	1,419
Cows ...	63	25,925	182	11,555	37,480
Heifers ...	9	3,865	58	3,459	7,324
Calves ...	33	1,594	22	329	1,923
Sheep ...	329	14,330	1,196	15,499	29,829
Swine ...	253	27,095	1,490	19,537	46,632
Total ...	728	98,880	3,672	95,761	194,641

Laboratory Report.—During the year routine bacteriological examination of casualty carcases was carried out. Samples of bile were taken from 859 animals and plated out on culture media (McConkeys).

Cultural Examination.—653 showed no bacterial growth; 181 showed *B. coli*; 11 showed *Enterococci*; 7 showed *Paracolon bacilli*; 4 showed *Streptococci*; 2 showed *Pasteurellæ*; 1 showed *Salmonella*.

Cultural and Microscopic Examinations.—*B. coli* is a commensal of the animal intestine; consequently the finding of these organisms in the bile is of no great significance.

The salmonella case (*Salmonella choleraesuis*) was from that of a pig which was affected with generalised abscesses and the carcase was condemned:

The paracolon cases occurred in pigs which also showed evidence of septicæmia and were seized.

One rather unusual case involved a calf from which a pure culture of *staph. aureus* was isolated from numerous abscesses in the lung substance. The carcase was condemned.

Number of organs condemned in the different classes of animals at abattoir during 1956 (excluding organs of animals totally condemned) :—

Organs Condemned	CATTLE						Swine	Sheep	GRAND TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
LUNGS AND HEARTS :—									
Tuberculosis ...	906	18	224	67	15	1,230	33	...	1,263
Other Causes ...	1,694	3	102	57	17	1,873	6,205	2,595	10,673
BOWELS :—									
Tuberculosis ...	332	7	69	16	10	434	6	...	440
Other Causes ...	88	2	69	5	1	165	436	372	973
STOMACHS :—									
Tuberculosis ...	23	1	5	2	...	31	...	...	31
Other Causes ..	182	2	34	12	...	230	283	166	679
SPLEENS :—									
Tuberculosis ...	17	...	2	1	...	20	...	...	20
Other Causes ...	8	1	1	...	...	10	15	18	43
LIVERS :—									
Tuberculosis ...	265	4	31	14	6	320	13	...	333
Other Causes ...	7,907	11	440	107	6	8,471	1,932	5,206	15,609
KIDNEYS :—									
Tuberculosis ...	7	...	1	...	...	8	...	...	8
Other Causes ...	110	1	55	8	1	175	258	44	477
UDDERS :—									
Tuberculosis ...	...	...	2	...	...	2	...	...	2
Other Causes ...	...	...	293	...	...	293	303	9	605
HEADS :—									
Tuberculosis ...	447	7	95	23	12	584	843	...	1,427
Other Causes ...	550	2	32	27	1	612	126	13	751
SKIRTS :—									
Tuberculosis ...	57	3	4	...	...	64	...	...	64
Other Causes ...	640	1	46	21	1	709	2	33	744
TOTAL ...	13,233	63	1,505	360	70	15,231	10,455	8,456	34,142

In a sow carcase *B. proteus* was isolated from a pyelonephritic lesion which was also accompanied with a cystitis. Here there was little functional kidney tissue remaining and the carcase was condemned.

In another pig carcase which showed acute nephritis a hæmolytic type of *B. coli* was isolated from the kidney.

Although the preparation of blood plates requires considerable time and care these are found to be invaluable, particularly in dealing with septic conditions.

Numerous smears were constantly made and these included the examination for Anthrax, Tuberculosis, Johnes Disease, Swine Erysipelas and the causal organisms in localised lesions.

Percentage incidence of Tuberculosis in animals slaughtered at abattoir during 1956 :—

Cattle	{ Oxen ...	...	3.99	}	...	4.53
	{ Bulls ...	...	7.29			
	{ Cows ...	...	8.15			
	{ Heifers ...	...	9.60			
Calves	...	...	...	...	...	0.49
Swine	...	...	...	...	...	2.12

Comparison between tuberculosis and non-tuberculous diseases as causes of condemnation in carcases of animals slaughtered in abattoir during 1956 :—

By Numbers	CATTLE						Swine	Sheep	GRAND TOTAL	
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL				
Tuberculosis ... {	Total	28	—	15	3	—	46	7	1	54
	Partial	387	11	98	23	4	523	13	—	536
Total and Partial ...		415	11	113	26	4	569	20	1	590
Non-tuberculous {	Total	13	—	48	6	33	100	246	328	674
	Partial	322	4	84	35	18	463	1,477	1,196	3,136
Total and Partial ...		335	4	132	41	51	563	1,723	1,524	3,810

By Weight				Tuberculosis (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous
Oxen	...	...	...	51,639	18,395	73.73
Bulls	...	...	...	1,110	309	78.22
Cows	...	...	...	15,385	22,095	41.05
Heifers	...	...	...	3,731	3,593	50.94
Calves	...	...	...	176	1,747	9.15
Sheep	...	...	...	74	29,755	.25
Swine	...	...	...	1,599	45,033	3.43

Number of carcasses in the different classes of animals slaughtered during 1956 and causes of condemnation :—

Causes of Condemnation	CATTLE										Swine		Sheep	
	Oxen		Bulls		Cows		Heifers		Calves					
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial
Tuberculosis	28	387	...	11	15	98	3	23	...	4	7	13	1	...
Emaciation and Oedema	3	5	...	...	18	4	1	...	13	...	55	5	175	7
Abscess and Sepsis	2	68	...	1	3	13	2	6	3	3	59	315	39	499
Septic Pneumonia and Septic Pleurisy	1	8	...	...	1	4	...	1	2	4	47	141	20	176
Pneumonia and Pleurisy ... ..	...	8	...	...	...	2	...	2	...	...	4	70	...	36
Peritonitis and Septic Peritonitis	1	38	...	2	1	16	...	6	1	2	10	109	11	173
Bruising and Fractures ... ..	...	51	...	...	...	19	...	14	...	5	2	256	15	112
Arthritis and Septic Arthritis ...	...	2	...	...	...	...	...	1	...	4	4	258	5	159
Acute Mastitis ... ..	...	...	...	...	2	9	...	...	...	...	...	...	3	...
Mastitis and Lactating Udders ...	...	...	...	...	...	...	...	...	...	...	...	222	...	11
Skin Tuberculosis ... ..	...	17	...	...	...	2	...	...	...	...	...	...	...	...
Actinomycosis ... ..	...	115	...	1	...	4	...	4	...	...	...	13	...	1
Acute Enteritis ... ..	...	...	...	...	...	...	...	...	1	...	8	...	4	...
Tumours ... ..	...	1	...	...	6	3	...	...	...	...	6	2	5	5
Septic Metritis ... ..	...	...	...	...	5	4	...	...	...	...	4	...	4	3
Septic Pericarditis ... ..	...	...	...	...	...	...	1	...	2	...	3	2	1	1
Hernia ... ..	...	...	...	...	...	...	...	...	...	...	...	13	...	3
Uræmia ... ..	...	...	...	...	...	...	...	...	...	...	3	...	3	...
Gangrene	1	...	...	...	1	...	...	...	...	...	...	...	1	...
Swine Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	2	51	...	...
Melanosis ... ..	...	4	...	...	...	...	...	...	...	...	...	14	...	2
Nephritis ... ..	...	2	...	...	...	...	...	...	...	...	3	6	...	3
Dead, Moribund, Ill-Bled and Decomposed	...	...	...	...	1	...	...	...	3	...	25	...	130	...
Fat Necrosis ... ..	...	2	...	...	...	3	...	1	...	...	...	...	...	4
Fevered	2	...	...	...	5	...	1	...	5	...	15	...	29	...
Cysticercus Bovis	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Johnes Disease ... ..	...	1	...	...	5	1	...	...	...	...	...	...	...	...
Jaundice	1	...	...	...	...	...	1	...	3	...	7	...	1	...
Swine Fever ... ..	...	...	...	...	...	...	...	...	...	...	10	...	...	...
Odour ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Spondylitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	1
	41	709	...	15	63	182	9	58	33	22	275	1490	447	1196

Cysticercus Bovis (Measly Beef).—The following table shows the incidence of *Cysticercus Bovis* during 1956 :—

Month	C. Bovis	Number of Cattle Killed
January	21 out of	2,611
February	25 „ „	2,483
March	39 „ „	3,415
April	21 „ „	2,673
May	24 „ „	2,633
June	24 „ „	3,317
July	44 „ „	2,671
August	29 „ „	3,595
September	32 „ „	3,083
October	30 „ „	3,340
November	39 „ „	4,407
December	19 „ „	3,475

which gives 347 cases out of a total of 37,703 cattle representing 0·92 per cent. of the total. Two carcasses showed generalised *Cysticercus Bovis* with cysts widespread throughout the carcasses and they were both condemned.

The external masseter muscles and the heart were the most common sites in which the parasite was found. All carcasses which showed evidence of infection,

except for the two generalised cases, were sent to cold store for three weeks at 20 degrees Fahrenheit as laid down in the Public Health (Meat) Regulations (Scotland) 1932.

Actinobacillosis.—The number of cattle which showed Actinobacillosis was 290, which gives an incidence of 0·76 per cent., and of that number 138 had the disease in the structures of the head only.

Condemned Carcasses.—As in past years, all condemned carcasses have been converted in the IWEL plant at Gorgie abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Livestock Markets.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs John Swan and Sons, and Messrs Oliver and Son Ltd. Messrs W. Bosomworth and Sons held their sales in the Corporation market.

The following table indicates the number of animals passing through the markets during 1956 :—

Cattle	...	...	...	...	...	20,844
Calves	...	...	...	...	...	2,859
Sheep	...	...	...	...	...	159,766
Swine	...	...	...	...	...	24,816
						<hr/> 208,285 <hr/>

The market for store stock was held on Wednesday of each week.

The following table shows the number of animals passing through the store market :—

Cattle	...	...	...	...	...	18,854
Sheep	...	...	...	...	...	95,471
Swine	...	...	...	...	...	54,635
						<hr/> 168,960 <hr/>

The veterinary inspection of the markets was carried out on behalf of the Ministry of Agriculture and Fisheries throughout the year by the Veterinary section. Two cows and three sheep were found suffering from diseased conditions, and instructions given to the auctioneers to remove them from the market. Three weak calves were also found and they were removed to the abattoir for immediate slaughter.

Approval of Meat Storage.—Article 15 of the Public Health (Meat) Regulations (Scotland), 1932, requires persons selling meat from vans, carts, etc., who do not also keep an open shop for the sale of meat, to obtain from the local authority a Certificate of Approval of the accommodation provided for the storage of meat overnight. Five applications were received during 1956 and the storage accommodation provided in each case was satisfactory.

INSPECTION OF OTHER FOODS.

Imported Egg.—Egg products are imported into this country mainly from China and Australia and arrive in the following forms :—Whole egg, either frozen or dried ; Frozen egg white ; Dried albumen, either in crystals or in powder ; Dried egg yolk.

At Leith small quantities of such material arrive from Holland, Denmark and Sweden. As stated in last year's report, the presence of *Salmonella* organisms in imported egg gave rise to much concern all over the country and the following is a summary of the work carried out here. The sampling of large quantities of frozen egg is rather time-consuming but the most difficult task is the bacteriological examination, and I wish to acknowledge the fine work of Dr Wright and her staff at the University in carrying out these tests. In addition, I should like to acknowledge the help given by Mr J. E. Wilson, M.R.C.V.S., at the Poultry Laboratory, Lasswade, in examining 148 samples during the year.

Frozen Whole Egg.—In March of this year the Department of Health requested that 10 per cent. sampling should be carried out on stocks of frozen egg belonging to the Ministry of Agriculture, Fisheries and Food which were lying in cold store in Edinburgh. The total stock consisted of a shipment of 700×16 lb. tins and one of $3,564 \times 22$ lb. tins.

70 tins were sampled from the first consignment but no *Salmonella* organisms were recovered and the whole consignment was released for distribution.

356 tins were sampled from the second consignment and the following was found :—

<i>Salmonella thompson</i>	recovered from—7 tins.
<i>Salmonella typhi-murium</i>	„ „ —9 tins.
<i>Salmonella potsdam</i>	„ „ —1 tin.
<i>Salmonella pullorum</i>	„ „ —1 tin.

This means that 5 per cent. (approx.) of the tins sampled showed evidence of *Salmonella* infection. This consignment was not released for distribution and I understand that it is being exported for heat treatment abroad.

In addition 12 samples of frozen egg were taken at bakeries in the city. One of the samples proved positive and the tin was destroyed.

Dried Egg.—Thirty-one samples of dried egg were examined and three were found to be positive. The three positive samples were in a consignment of 10 tins and all were rejected for human use and utilised for industrial purposes.

Leith Docks.—All consignments of egg products are sampled (5-10 per cent.) at the Port of Leith. Nineteen samples of frozen egg and 39 samples of egg albumen were taken and one of the containers of albumen was found to contain *Salmonella typhi-murium*. The albumen was used for industrial purposes. In addition one barrel of glycerinated egg yoke was found to contain *Salmonella oranienburg*.

Egg Albumen.—Albumen is used in bakery goods which may not be subjected to sufficient heat during the baking process to destroy *Salmonella*

infection, and from the public health aspect this commodity must be considered more dangerous than whole egg. It was found at the Ports of London, Liverpool, etc., that the infection rate was quite high and permission to remove the albumen from the docks was refused. The Medical Officer of Health at Liverpool and his staff tried out various methods of heat treatment and recommended a temperature of 130° Fahrenheit-135° Fahrenheit for six days.

A wholesaler in the city wished to try out this method of heat treatment and arrangements were made with the Edinburgh Hygienic Co. to carry this out. A small brick building was used, the walls and roof were carefully insulated and the cement floor covered with wooden battens. The heating was by electrical tubular heating thermostatically controlled. The air was kept circulating by means of an exhaust pump, the exit of which was re-introduced into the chamber. A thermometer was installed in the chamber and another inserted into the centre of one of the tins of albumen. These were connected to dials on the door of the chamber and once heat treatment started the doors were carefully sealed, and the chamber was not opened until the end of the heating process.

The first consignment consisted of 38×100 lb. tins of which nine had been shown on bacteriological examination to contain organisms of the *Salmonella* group. Unfortunately, we had a little difficulty in this case because of the failure of one of the heaters, but it can be said quite definitely that the egg albumen was subjected to heat treatment for seven days at 130° Fahrenheit. After treatment bacteriological examination showed that all tins were negative for *Salmonellæ*.

The second consignment consisted of 36×100 lb. tins and bacteriological examination of 10 samples showed that five were positive for *Salmonellæ*. The following table indicates the temperature.

1st day (24 hrs. heating)	contents of tin	110.5° F.	Room temp.	128° F.
2nd day	" " "	122.5° F.	" "	132° F.
3rd day	" " "	128° F.	" "	131.5° F.
4th day	" " "	130° F.	" "	132° F.
5th day	" " "	130.5° F.	" "	132.5° F.
6th day	" " "	130.25° F.	" "	132° F.
7th day	" " "	131° F.	" "	132° F.
8th day	" " "	130° F.	" "	130° F.
9th day	" " "	130° F.	" "	130° F.
10th day	" " "	130.5° F.	" "	129° F.

After treatment all tins were tested and all were negative for *Salmonellæ*.

The third consignment consisted of 112×100 lb. tins which were all sampled before treatment and 58 were found to contain *Salmonellæ*. The following table indicates the temperature.

1st day (12 hrs. heating)	contents of tin	94.5° F.	Room temp.	115° F.
2nd day	" " "	112.5° F.	" "	126° F.
3rd day	" " "	127.25° F.	" "	131° F.
4th day	" " "	130.25° F.	" "	132.5° F.
5th day	" " "	130° F.	" "	131° F.
6th day	" " "	129.75° F.	" "	130.5° F.
7th day	" " "	129° F.	" "	129.5° F.
8th day	" " "	130° F.	" "	132° F.
9th day	" " "	130.5° F.	" "	133° F.
10th day	" " "	130° F.	" "	131° F.

After treatment the 58 positive tins were tested but all proved negative for *Salmonellæ*.

The above work clearly indicates that if tins of infected albumen are heat treated for 10 days at 130° Fahrenheit (approx.) they can be considered free from *Salmonella* infection. It is to be noted that it takes 2-3 days in the chamber before the egg in the 100 lb. tins reaches this temperature. The bacteriological testing was carried out by the British Baking Industries Research Association.

Meat Contracts.—Periodic visits were made to School Meals Cooking Centres in order to check the quality of meat supplied by butchers. Samples of sausages were taken and submitted to the City Analyst to ensure they had the proper meat content.

In August of this year a request was made by the Regional Hospital Board for the assistance of officers of the Veterinary section to check quality of meat supplied by the butchermeat contractors. Thirty-six visits were made and on three occasions consignments were rejected as not conforming to the conditions of the contract.

Retail Shops, Street Hawkers, etc.—Periodical visits were made during the year to shops, etc., in which foodstuffs were prepared or exposed for sale. In addition, the fish market at Newhaven was visited daily for the purpose of inspecting the fish exposed for sale there.

During routine inspection, inspectors examined a percentage of food exposed for sale and noted the cleanliness or otherwise of the premises, particularly of back shops, cellars, cold stores, etc. In addition, they noted the condition of utensils, *e.g.* mincers, sausage machines, delivery baskets, etc.

This department is still receiving requests from shopkeepers who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim credit from the wholesalers. As in past years, the chief commodity dealt with was tinned goods. During the year 10,000 Condemnation Certificates were issued.

Number of Visits paid to Shops, etc., during 1956 :—

Fruit Markets	...	...	...	...	345
Provision Shops	...	...	...	...	3,258
Butchers' Shops	...	...	...	...	900
Fish Market	...	...	...	...	323
Live Stock Markets	...	...	...	...	309
Meat Sales and Cold Stores	...	...	...	...	2,078
Fruiterers' Shops	...	...	...	...	696
Fishmongers' Shops	...	...	...	...	290
Restaurants	...	...	...	...	128
Cooking Centres and Canteens	...	...	...	...	43
Manufacturers' Premises	...	...	...	...	31
Bakeries, Bakers' Shops	...	...	...	...	536
Householders	...	...	...	...	39
Miscellaneous Visits	...	...	...	...	130
					<hr/> 9,106 <hr/>

The weights of foodstuffs seized in markets, shops and other premises in the city during 1956 were as follows :—

						Weight in lbs.
Soup	...	...	...	...	...	2,892 $\frac{3}{4}$
Milk	...	...	...	...	...	2,376 $\frac{1}{4}$
Jam	...	...	...	...	...	490 $\frac{3}{4}$
Vegetables (fresh)	...	...	...	...	...	7,028
„ (tinned)	...	...	...	...	...	12,502 $\frac{3}{4}$
Beef	...	...	...	...	...	5,057 $\frac{3}{4}$
Meat	...	...	...	...	...	17,304 $\frac{1}{4}$
Cooked Ham	...	...	...	...	...	3,548 $\frac{1}{2}$
Pork	...	...	...	...	...	5,044
Fruit (fresh)	...	...	...	...	...	8,155
„ (tinned)	...	...	...	...	...	17,322 $\frac{1}{2}$
„ (dried)	...	...	...	...	...	2,832
Poultry and Game	...	...	...	...	...	2,615 $\frac{3}{4}$
Fish	...	...	...	...	...	12,952
Sandwich Spread	...	...	...	...	...	1,203
Cheese and Cheese Spread	...	...	...	...	...	3,337 $\frac{3}{4}$
Eggs (frozen)	...	...	...	...	...	589
Dried Egg	...	...	...	...	...	1,100
Butter and Margarine	...	...	...	...	...	1,406 $\frac{1}{2}$
Cereals	...	...	...	...	...	120
Confectionery	...	...	...	...	...	1,061 $\frac{1}{2}$
Sausages	...	...	...	...	...	24
Sauerkraut	...	...	...	...	...	92
Coconut Chips	...	...	...	...	...	112
Mutton	...	...	...	...	...	1,325
Miscellaneous	...	...	...	...	...	154 $\frac{3}{4}$
						<hr/> 110,647 $\frac{3}{4}$ <hr/>

Equal to ... 49 tons, 7 cwts., 3 qrs., 19 $\frac{3}{4}$ lbs.

PORT FOOD INSPECTION.

The usual supervision was maintained as to the condition and soundness of foodstuffs landed at the port of Leith during 1956. The appended summary will serve to show the origin and the kinds of foodstuffs.

Imported foodstuffs inspected under the Public Health (Imported Food) (Scotland) Regulations, 1937, during 1956 :—

Country of Origin	Foodstuffs				Number of Consignments
Holland	Bacon	...	68
	Butter	...	109
	Cheese	...	102
	Eggs	...	89
	Egg (Frozen)	...	10
	Vegetables (Fresh)	...	353
	Fruit (Fresh)	...	161
	Milk (Canned)	...	35
	Fresh Meat	...	16
	Margarine	...	7
	Foods (Canned)	...	1,342
	Confectionery	...	54
	Biscuits	...	7
	Bread	...	21
					<hr/> 2,392

Country of Origin			Foodstuffs		Number of Consignments	
					Forward	2,392
Denmark	...	...	Bacon	...	...	90
			Butter	...	...	87
			Cheese	...	...	98
			Eggs	...	...	53
			Canned Meats	...	...	922
			Cabbage	...	...	3
			Margarine	...	...	7
			Lard	...	...	56
			Pig Offal	...	...	291
			Marzipan	...	...	46
			Fondant	...	...	22
			Egg Albumen etc.	...	...	29
			Potatoes	...	...	2
			Chocolate Couverture	...	...	7
			Shell Fish	...	...	6
						1,719
Germany	...	...	Canned Meats	...	...	31
						31
Belgium	...	...	Carrots	...	...	31
			Onions	...	...	76
			Potatoes	...	...	14
			Cabbage	...	...	12
			Canned Foods	...	...	509
			Fruit (Fresh)	...	...	16
			Lettuce	...	...	3
			Tomatoes	...	...	5
						666
France	...	...	Canned Foods	...	...	60
						60
Cyprus	...	...	Potatoes	...	...	9
						9
Malta	...	...	Potatoes	...	...	13
						13
Canada	...	...	Flour	...	...	20
						20
Egypt	...	...	Potatoes	...	...	3
						3
Hungary	...	...	Onions	...	...	1
						1
						4,914

Imported foodstuffs condemned, rejected or re-exported at the Port of Leith during 1 56 :—

						Weight in lbs.
Butter	...	...	...	...	...	1,106
Fondant	...	...	...	...	...	616
Buttery Cheese	...	...	...	...	...	14
Lettuce	...	...	...	...	...	588
Pears	...	...	...	...	...	171
Lard	...	...	...	...	...	336
Vermicelli	...	...	...	...	...	140
Carrots	...	...	...	...	...	17,360
Potatoes	...	...	...	...	...	62,510
Onions	...	...	...	...	...	1,792
Chocolate Couverture	...	...	...	...	...	450
Cauliflowers	...	...	...	...	...	1,200
						86,283

Equal to ... 38 tons, 10 cwts., 1 qr., 15 lbs.

Summary showing total diseased and unsound foodstuffs dealt with by the department in the city during 1956 :—

	Weight in lbs.
At Abattoir—carcases	194,641
—offal (weight estimated) ...	261,673
In shops, warehouses, etc. ...	110,584 $\frac{3}{4}$
At Port of Leith	86,283
	<hr/>
	653,181 $\frac{3}{4}$
	<hr/>
Equal to ...	<u>291 tons, 11 cwts., 3 qrs., 25$\frac{3}{4}$ lb.</u>

DISEASES OF ANIMALS ACTS.

The Acts confer power on the Ministry of Agriculture and Fisheries to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcasses, to control the conditions of transport of animals by land and sea, and for other similar purposes. The following diseases are subject to administrative control by means of Orders by the Ministry :—

Anthrax.
 Foot and Mouth Disease.
 Parasitic Mange of Horses.
 Sheep Scab.
 Swine Fever.
 Bovine Tuberculosis and Contagious Abortion (for certain purposes only).
 Fowl Pest.
 Atrophic Rhinitis.
 Cattle plague or Rinderpest (1877).
 Contagious Bovine Pleuro-pneumonia (1898).
 Epizootic Lymphangitis (1906).
 Glanders and Farcy (1928).
 Rabies (1922).
 Sheep Pox (1850).

There have been no cases of the last six diseases in Great Britain since the date shown against each. Rabies has occurred in imported dogs in this country in recent years but the animals affected were undergoing their six months' quarantine.

Anthrax.—The number of Anthrax cases in Great Britain rose from 764 in 1955 to 1,245 in 1956. During the year one suspected case was notified within the city boundary, but proved negative on investigation. On one occasion in 1956 portions of viscera were sent to a laboratory in the city where they were found to be infected with anthrax. The viscera were burned and the laboratory floors and benches disinfected.

One bovine carcase found to be infected in Peebles was disposed of at Seafeld refuse disposal plant. In addition, 114 sheep, 4 lambs and 22 pigs were found dead at the markets, railway sidings and abattoir. These were examined for Anthrax but all proved negative.

Foot and Mouth Disease.—The number of confirmed cases of Foot and Mouth Disease (for the whole of Great Britain) rose from the total of nine for 1955 to 162 for 1956, the highest for four years. This entailed the slaughter of 28,535 animals. There were no outbreaks of the disease in the city, nor were there any restrictions placed on the movement of stock during the year.

The following orders, which are more or less complementary to the principal Foot and Mouth Disease Orders, have continued in operation, and observations and visits necessary for their enforcement have been made :—Importation of Hay and Straw Order ; Foot and Mouth Disease (Packing Materials) Order ; Importation of Carcases and Animals Products Order ; Foot and Mouth (Boiling of Animal Foodstuffs) Order ; Importation of Meat, etc. (Wrapping Materials) Order ; Movement of Animals (Records) Order. In connection with the latter Order, a twice-yearly check of the record books of the stock owners in the city was again made with the assistance of the police.

Swine Fever.—The number of confirmed cases in Great Britain dropped from a total of 1,403 for 1955 to 741 for this year. In the city, two cases were reported and confirmed. In the first case, a large piggery with a total of 803 pigs was involved. The owner decided to slaughter his whole herd and 107 pigs were slaughtered on the premises and destroyed by burning. The remainder (696) were moved on licence to Gorgie abattoir and the carcases salvaged.

In the second case, a total of 134 pigs were found on the premises. Only three pigs died and the owner did not slaughter his stock. Restrictions were in force for ten weeks.

The Regulation of Movement of Swine Order, 1954, states that no sale of pigs can be held unless it is authorised by the local authority. John Swan and Sons, and Oliver and Son Ltd., New Mart Road, were authorised to hold markets and all store pigs leaving the premises could only do so under licence. During the year, 11,659 pigs were licensed from Swan's and 43,455 pigs from Oliver's, necessitating the issue of 3,504 licences.

The Regulation of Movement of Swine Amendment Order, 1955, requires also the licensing of pigs from Fatstock Centres and during the year 24,816 pigs were licensed requiring the issue of 578 licences.

Bovine Tuberculosis.—As in 1955 no tubercular cows were found on routine inspection of city byres.

Fowl Pest.—There were 956 notified cases in Great Britain of this disease during 1956. No outbreaks occurred in the city.

Sheep Scab.—There have been no cases of Sheep Scab in Great Britain. The number of sheep dipped at the Corporation market in 1956 was 3,033.

Warble Fly.—Under the Warble Fly (Dressing of Cattle) Order of 1948, all cattle infested with Warble Fly must, during the months from March to June, be dressed periodically by the owner. During the year, 30 visits were paid to

the stock owners in the city by the Assistant Veterinary Inspector in order to secure their co-operation in carrying out this dressing.

Importation of Animals.—(1) Irish Cattle.—The Order which controls the importation of Irish cattle provides that the imported cattle must be landed at ports approved for the purpose where, on arrival, they are inspected and thereafter may be moved on licence, in the case of fat cattle to a slaughterhouse either direct or through an authorised market, and in the case of store cattle to (a) a specially authorised market, or (b) farms or other premises where they must be detained for six days after arrival. At Gorgie market 11,607 Irish cattle were received under licence from ports and 849 licences were issued authorising movement of these cattle from the market. There were 206 Irish cattle moved to farms in the district of the local authority from the markets or direct from the ports, and they were maintained under observation during the period of detention. A total of 4,500 fat Irish cattle and 255 sheep were licensed from the ports to Gorgie abattoir.

(2) Dogs and Cats.—The Importation of Dogs and Cats Order, 1928, is intended to protect Great Britain against the introduction of Rabies through the agency of canine and feline animals brought from overseas. The landing of such animals in Great Britain is prohibited except under licence granted by the Ministry of Agriculture. After landing, the animals must be detained for six months in a place of detention or quarantine approved by the Minister for the purpose. During the year, 36 dogs and 10 cats were received and detained in the city in quarantine. They were maintained under observation and police supervision.

Certification for Export.—Many countries abroad require the disinfection and certification of straw, hay and sacks used for packing goods exported to them from this country. This disinfection is still being carried out satisfactorily by the Edinburgh Hygienic Company. During the year five certificates were issued for the disinfection of straw.

Certain countries require a certificate stating that imported animal products are free from disease and 94 certificates were issued in respect of wool exported to Italy; 5 for wool to South Africa; 1 for wool to Australia. Other countries require a certificate stating that the imported foodstuffs are sound and have been handled in a hygienic manner in this country. During the year 15 certificates were issued in respect of dried fish to Cuba, Trinidad and Egypt; and 45 in respect of sausage skins to France, Italy and Sweden. During the year 27 certificates were issued in respect of frozen fish to Italy.

Sea Transport of Animals.—Shipments of Fat Cattle to Holland.—In May of this year the export of fat bullocks and cows commenced from Leith. By the end of the year 16 consignments involving a total of 1,164 cattle had been sent to Rotterdam. The question of loading, structural requirements of the ship, feeding the animals, etc., are the responsibility of the Inspectors of the Ministry of Agriculture, under the Animals (Sea Transport) Order of 1930, but the local authority inspectors assist in such work. In addition the Dutch authorities

require a veterinary certificate stating that the animals are free from infectious disease and fit to undertake a sea voyage. This examination has been carried out by the veterinary inspectors. One animal was rejected because of severe lameness and another had an ingrowing horn the tip of which had to be sawn off before embarkation.

During the year 6,241 sheep, 7,177 lambs, 250 cattle, 10 ponies, 2 camels and 13 sows were landed at Leith Docks from coastwise vessels (mainly from Orkney and Shetland). One bullock was found dead, but examination for Anthrax proved negative. The cleansing and disinfection of the vessels after landing of the animals were carried out under the supervision of the officers of the local authority.

Pet Animals Act, 1951.—This Act controls the sale of pet animals and during the year 27 pet shops were licensed by the local authority. Eighty-one visits were made and no serious contraventions of the Act were encountered. Two complaints of alleged cruelty were received—one complaint was in respect of overcrowding birds in cages, but no evidence of cruelty was found on investigation. The second complaint concerned the sale of under-age puppies. Although the premises were visited as soon as the complaint was received all the puppies had been disposed of.

The Transit of Animals Order is similarly designed to protect animals during transit by road or rail and, in addition, prescribes cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Markets Committee has continued to provide facilities and labour at Gorgie markets for the cleansing and disinfection of road vehicles. During the year 3,456 vehicles were cleansed and disinfected, an average of 64 vehicles per week. The railway officials have satisfactorily discharged their obligation in the cleansing and disinfection of cattle trucks and approaches.

Markets, Sales and Lair Order.—This Order regulates many features in the construction of livestock markets, and provides for cleansing and disinfection on each occasion after use. All the markets at Gorgie are well constructed for efficient and relatively easy disinfection. Regular supervision has been maintained and the work generally has been well done.

Farms.—The department has continued to provide the clinical services required in connection with the stocks at Roddinglaw and Bangour Farms.

Police Stud.—Forty visits of inspection were paid to the Police Stud.

Police Services.—I wish to express my gratitude to the Chief Constable for his willing co-operation, and to the officers of the police force whose assistance has contributed materially to the efficient performance of the duties under the Diseases of Animals Acts.

DEVELOPMENT OF HEALTH SERVICES.

as shown by Municipal Expenditure.

The development of Public Health Services consequent on the introduction of new schemes from time to time is shown in the following table of Municipal Expenditure :—

Year		Gross Expenditure	Revenue	Net Expenditure
1909-10		£35,159	£699	£34,460
1912-13	T.B. Scheme begun.	37,618	2,690	34,928
1915-16		56,827	12,997	43,830
1916-17	C.W. Scheme begun.	58,323	23,216	35,107
1917-18		75,198	30,552	44,646
1918-19	V.D. Scheme begun.	99,563	43,029	56,534
1919-20		130,877	49,138	81,739
1920-21	Amalgamation with Leith.	210,875	89,098	121,777
1929-30		*182,136	62,559	119,577
1930-31	Includes General Hospitals and Mental Institutions.	*394,088	48,070	346,018
1931-32		*354,499	48,205	306,294
1937-38		*473,940	81,964	391,976
1938-39	Hospital Beds increased for war emergencies.	*456,037	84,633	371,404
1939-40		*587,474	198,958	388,516
1940-41		*659,472	242,347	417,125
1941-42		*769,959	323,653	446,306
1942-43		*842,335	371,534	470,801
1943-44		*930,615	455,960	474,655
1944-45		*1,092,064	587,011	505,053
1945-46		*1,067,063	626,634	440,429
1946-47		*1,126,854	536,601	590,253
1947-48		*1,218,062	665,592	552,470
1948-49	Hospitals transferred to Regional Boards.	*254,450	132,635	121,815
1949-50		*284,883	143,748	141,135
1950-51		*328,250	166,722	161,528
1951-52		*341,287	173,568	167,719
1952-53		*410,937	211,011	199,926
1953-54		*393,647	171,338	222,309
1954-55		*408,291	182,970	225,321
1955-56		*445,887	231,882	214,005

* Interest and Debt Charges included.

CITY OF EDINBURGH PUBLIC HEALTH DEPARTMENT.

Number of Whole-time Employees at 31st December 1956.

	Medical Officers	Dental Officers	Inspectors	Admin. and Clerical Assistants, etc.	Health Visitors and Midwives	Nursing Staff	Almoner, Masseuse, Chiroprapist, Oral Hygienist	Home Helps	Domestic Staff	Porters and other Male Staff	Cleaners and other Female Staff	Total
1. PUBLIC HEALTH—												
Medical Officer's Department ...	5	...	...	24	...	...	...	...	...	...	...	29
Sanitary Department ...	...	...	41	2	...	...	...	...	...	...	1	44
Veterinary Service ...	...	...	10	2	...	...	...	...	...	...	...	12
Tuberculosis Service ...	1	...	...	3	14	9	...	...	4	1	...	32
Maternity and Child Welfare Service, includes Day Nurseries, Midwifery, Welfare Foods and Home Helps ...	†10	2	...	*34	81	188	1	*177	*94	11	...	598
Venereal Diseases Service ...	...	...	...	...	1	...	...	...	...	...	...	1
Motor Vans and Disinfecting Station	...	...	...	...	...	...	...	...	...	7	1	8
2. SCHOOL HEALTH SERVICE ...	10	12	...	23	25	1	3	...	...	2	*8	84
	26	14	51	88	121	198	4	177	98	21	10	808

* 124 of the Home Helps, 37 of the Domestic Staff, 12 Clerical Assistants and 7 Cleaners are employed on a part-time basis.

† Includes 1 Medical Officer engaged in 'Triple-Antigen Investigation and 1 Medical Officer part-time School Health Service.

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